MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02890 CERTIFICATE OF DEATH DECEASED-NAME Middle 2o. DATE OF DEATH First Lost FEBRUARY Month unerdi (Type or print) DONALD RAMSEY signed by the attending physician and completely filled in by the Jui burial-transit permit. Then please remove carbon papers.—Pages 1 burial, crematian, ar remaval, and in any event, within 72 hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) CAUCASIAN MALE JANUARY 10 1903 65 YRS. 7o. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH DIVORCED [WIDOWED MONTGOMERY MASSACHUSETTS completely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
RADM USN give street oddress INDUSTRY BETHESDA 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES 3 NO. ADMIRALS WAY 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First RAMSEY GRACE JAMES 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT AddressPOTOMAC. MD. Yes, no, or unknown) (If yes give war or dates of service) PAMELA C. 11709 ADMIRALS WAY RAMSEY 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: SEVERE CORONARY ATHEROSCIEROSIS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) MYCCARDIAL INFARCTION rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health priar to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES Z NO [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. City or Town County State While Not while at wark 220. I certify that (1) (this hospital) attended the deceased from FEBRUARY 12, 19 68, to FEBRUARY 259 68, that (4) saw the deceased alive an FEBRUARY 25 19.68, and that in (My) (aur) opinion death accurred on the date and hour and from the couses stated above, ((we) (did) (did not) view the body after death 22b. SIGNATURE 22c. DATE SIGNED

VR A15 (4) 30M REV. 1/68

death.

24 hours after

requires that the death certificate be executed within

Page 4 may be retained by the hospital or attending physician.

24. FUNERAL DIRECTOR Robert A. Pumphrey Farmeral Home 7557 Wisconsin Ave., Bethesda, Md.

eter

23b. DATE

2-29-68

KIRCHNER

22d. PHYSICIAN'S NAME (Type)

230. BURIAL, CREMATION,

ARLINGTON NATIONAL CEMETERS 2Sa. REC'D BY REGISTRAR DATE MAR

ATTENDING

22e. ADDRESS

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town) (County) Arlington, Virginia (State)

STAFF PHYS.

BETHESDA.

MED. DIRECTOR

NAVAL HOSPITAL.

02877

HOURS

Last

RAYMOND

BETWEEN ONSET AND DEATH

15

2b. HOUR

there's the control of the second of the sec AT TO THE THE STATE OF AND THE PERSON STREET STREET The state of the country of the state of the 4 The second of th -17 () - 10 20 ft / 20 (0) (0) / 20 (0) The system of the A CONTRACTOR OF THE ANGEL STATE OF THE STATE SALE TENSION OF BUILDING THE ROLL OF THE PARTY OF THE PA The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02874 CERTIFICATE OF DEATH 2b. HOUR DECEASED-NAME First Middle Last 2a. DATE OF DEATH requires that the deoth certificate be executed within 24 hours after death pulledasa Month 12 Doy (Type or print) KATHRYN deo Feb. 1968 RANDLE 5:00 M 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. IF UNDER I YEAR 3. SEX 6. AGE (In years lost birthday) HOURS Nov. 4, 1872 Female White YRS buriot-transit permit. Then please remave carbon papers. Poy buriol, crematian, or removal, and in ony event, within 72 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED Tilinois completely filled in US Montgomery WIDOWED * DIVORCED ID. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR Home Housewife Randolph INDUSTRY Silver Spring Hills Nursing 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland Montgomery NO T Rockville 309 Nimitz 14. FATHER'S NAME and First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Ellen Dufaun Luther Buice physician a 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Address (If yes give wer or dates of service) Yes, no, or unknown) ottending phys E. Ledford Item # 13 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE O signed by the buriol-transit p Conditions, if ony, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) ficate has been s for use as the b f Health prior to b CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES [NO E TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. AT HOME, FARM, STREET, FACTORY, \ 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 23e. PLACE OF INJURY State City or Town County While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from 2/10/19 68, and that in (my) (bur) apinian death accurred an the date and haur and fram the

22b. SIGNATURE

22d. PHYSICIAN'S

NAME (Type)

saw the deceased alive an.__ causes stated abave, (1) (we) (did) (did not) view the bady after death.

Stephen N. Jones

PHYS.

ZZE: ADDRES!

ATTENDING

PHYS

MED. DIRECTOR

22c. DATE SIGNED

23b, DATE 23a. BURIAL, CREMATION EREMOVAL (Specify) 2/15/68 23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery 23d. LOCATION (City or Town) Atlanta.

(State) (County) Georgia

A \ DATE EB REGISTRAR 24 Tyson heeler Funeral Home 1331 Rock. Rockyille 2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 30M REV. 1/68

12890 rearry construction of the second allowed the transport of the difference of the d The second report (EM); and the start will be seen to the second of the CASE OF THE PROPERTY OF THE PR

					STATE DEPARTME				
8		02892	DIVISION OF V		01 W. PRESTON STRE		MARYLAND 21201		
•		02000		CI	RTIFICATE OF D	EATH		32	873
至 《五		CEASED-NAME Fire		Middle	Last	2a. D.	TE OF DEATH	M	2b. HOUR
op op op	Į,	ype or print) NE	ELLIE	K	RESMON	VD F	Month 6 Da	1988 A	12-10
Te Se	3. SE	х —	4. RACE)	S. DATE OF BIRT		6. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
the age		1	W	1	12.	-11-96	YRS.	MONTHS DAYS	HOURS MIN
a a	7o. l	SIRTHPLACE (State or foreign	7b. CITIZEN OF WHA	T COUNTRY?	MARRIED NEVER MARRI	ED 9. COUN	Y OF DEATH		
led in 24 ho	W a	ashington, I	D.C. U.S		WIDOWED 🗵 DIVORCI		Mon	GOME	ERY N
三 是是	10. 0	ITY OR TOWN OF DEATH	11. NAM		TUTION (If not in hospital	120. USUAL OCCUP.	ATION (Kind of work done	12b. KIND OF	BUSINESS OR
with with	51	LVER JPRIM	1/1/2	NA I I	CROSS HOSE	doning master wa	rking life, even if retired.)	INDUSTRY	OV.
ed v	13o.	USUAL RESIDENCE (Where dece	osed lived if institution	n; Residence before	3c. CITY OR TOWN 3	to the latest the late	3e. STREET AND NUMBER	Λ.	Ac
executed with and completely remove corban any event, with	Guisi	SSIDILI STATE MD	ESS. COUNTY	ONTGOMER	V 5.50	VES NO 🗆	8110 Nei	shews	solvere
and company of the exe	14, 1	ATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIL		Last Middle	-1	Lastalle
Se to din d				130me		Isabblle	banna.	m Fig	454
may be retoined by the haspital or ottending physician. RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the great should be detached for use as the buriol-tronsit permit. Then please remove corban papers. Por the filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72-hours.	160. Y	WAS DECEASED EVER IN U.S. Al es, na, ar unknawn) (If yes give		66. SOCIAL SECUPITY NO 578-0		00	Address	. ,	5.
Phy en y					03//hs 600	GEBRERS	h Milu	MURDE.	salere
em The		18. CAUSE OF DEATH (Enter of PART), DEATH WAS CAUS	anly one cause per line	for (a), (b), and (c).)	_		1	BETWEEN ON	NSET AND GEATH
he deoth attendii permit.		IMMEC	DIATE CAUSE (a)	acity n	motordial	martin		10 R	curs
att per lon,		410.7		A CONSEQUENCE OF	<i>i</i> = -		, 7		
at the material of the state of	1	Conditions, if any, which gove rise to immediate cause (a)	(b)	rten sele	ite Corone	y Mont	osi,		
tron tron		stating the underlying cause	DUE TO, OR AS	A CONSEQUENCE OF		•			
equires 1 physicia signed 1 buriol, c		last.	, (c)						
4: The law requires the or offending physician the has been signed by use as the buriol-trought prior to buriol, are		PART 2. OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT	RELATED TO THE TERMINAL I	DISEASE OR CONDITION	GIVEN IN PART 1(0)		
The law rootending has been se os the h prior to	NO	19g. DATE OF OPERATION 119	b. CONDITION FOR WHICH	N ORED L'HON MÁT BERE	ODUFO DO LUZGO	men	Ob. IF YES, WERE FINDINGS (CONCIDENT IN CE	DAILABIO
is borio	FICAT	TYG. DATE OF OPERATION TY	B. CONDITION FOR WHICH	H OPERATION WAS PERF		/+/	AUSES OF DEATH?	CONZIDERED IN CE	KIIFTING
The series	CERTIFICATION	21a. ACCIDENT WAS UNDERLY	rING 216. TIME OF 1	MILIDY	AE2 AOM INTIDA OCCUR	NO DO	f injury in Part 1 ar Part 2,	ha- 10 h	
Ign Ign	3	OR CONTRIBUTING CAUSE OF OR	EATH HOUR A.M.	Manth Day Year	ZIL. NOW INJURY OCCUI	KKED (Enter nature o	i injuly in Part 1 at Part 2,	item to'i	
HYSICIAI haspital certifica oched fo	QQ.	(If either, notify medical exor 21d. INJURY OCCURRED 21	miner) P.M.	T HOME FARM STREET FACTO	PY 1 916 LOCATION Stront	or DCD Na	City or Tawn	County	State
PHY e ho		While Nat while at work	e. PLACE OF HISOKY	DEFICE BUILDING, ETC.	RY.) 21f. LOCATION Street	OF K.F.D. NO.	city of Idwit	county	21016
by the later this per deto		220 Leastify that (1) (1	this hasnitall attan	dad the decessed	from the water	el. 1063 to	F-40 6 10	L.P that	(1) (week to
Affr Affr Stranger		22a. I certify that (I) (I sow the deceased	alive an	19	ond that in (my)	(our) opinion de	ath accurred on the de	ate ond haur o	and from th
Belger Her		causes stated abov	ve, (I) (🌨) (did) (d	lid not) view the bo	dy after death.				
A SE BERE		22b. SIGNATURE	1000	%.(ATTENDING	₩£D.		DATE SIGNED	101 10
Ped Ba		de	e CC Ceta	~ 117D	DEGREE PHYS.		LI PHYS. LI	el-6, 1	760
TAI may		22d. PHYSICIAN'S NAME (Type)	re u. cop	ten, M. i	22e. ADDRE	1100 -	PRING ST-	laura =	
Page 4 may be retained by the haspital or oftending physician. Page 4 may be retained by the haspital or oftending physician. Page 5 may be retained by the haspital or oftending physician. Page 6 may be retained by the haspital or oftending physician and completely filled in by the function of function, page 3 should be detached for use as the buriol-transit permit. Then please remove corban papers. Pages Fain should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72-hours after dept.	0.7	, , , , , , , , , , , , , , , , , , , ,	D.476	100 11111 00				-7 CANS	2
Spirit Spirit	230.	DESCRIPTION OF A STATE OF THE PARTY OF THE P	DATE		METERY OR CREMATORY		OCATION (City or Town)	(County)	(State)
2 2		FUNERAL DIRECTOR	2/9/68	ADDRESS	incoln Ceme	sa. REC'D BY REGISTI	rince Geor	SIGNATURE	inty
VR A15 (4) 30M REV. 1768	21.	1111	. P.	- 701001	000	DATE FFR		- m1	VICE .
	1	31111/1/11/	2 C/1	a comment	11 11	DAIL FED	O GOOD A	The share of	The same of

MARKET REPORT OF THE PROPERTY OF THE 54330 A ISA DAN CHET WASHING The second of th The state of the s The state of the state of the said seed speeds to depose the transfer at illustration of the leading of the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02893 02850 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR ofter death uneral 1 and pug (Type or print) Month Year 3. SEX 4. RACE DATE OF BIRTH IF UNDER YEAR 6. AGE (In years IF UNDER 24 HRS last birthday) DAYS HOURS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country WIDOWED [DIVORCED [Montabush law requires that the deoth certificate be executed within 24 attending physician and completely filled permit. Then please remove carbon pap 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) Chuy Chist 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? YES [7] NO T burial, cremation, or removal, and in any 14. FATHER'S NAME Middle IS, MOTHER'S MAIDEN NAME First Middle Lost NICNOWA UNKN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address (If yes give war or dates of service) Yes, no. or unknown) UNKNOWA 9 12,1 01314 Da 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove CELEVERS the Bomberde rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO HOSPITAL OR ATTENDING PHYSICIAN: The law re-Poge 4 may be retained by the hospital or ottending I prior to l TO FUNERAL DIRECTOR: After this certificate hos been the 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 00 20g. AUTOPSY? CAUSES OF DEATH? NO [F] YES 🗀 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year of (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e: PLACE OF INJURY (AT HDME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while of work 22a. I certify that (I) (this hospital) attended the deceased fram 1955, 19, tall 3 Fb, 1966, that (I) (we) last saw the deceased alive an 15 Fb, 1966, and that in (my) (our) opinion death accurred an the date and hour and fram the ploods causes stated abave, (1)-(we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED, **ATTENDING** MED. DIRECTOR STAFF director, page should be filed DEGREE PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) NW WASh dor 37 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, (County) (Stote) Burial (Specify) 2-14-68 Beth Abraham Cem. Rosenhavm N.J 24. FUNERAL DIRECTOR **ADDRESS** 25o, REC'D BY REGISTRAR VR A15 (4) 9 1968 Goldberg Funeral Home 30M REV. 1/68 4217 9th Street NW

The Astronomy Country of the Country CONTRACT CONTRACT OF THE CONTR term of the first term of the first term of the second terms of th when the second of the second Basel of the first state of the the season of th williams . Is all

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 ..2895 16.81 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 2o. DATE OF DEATH 2b. HQUR requires that the deatli certificate be executed within 24 havrs after death (Type or print) Month DOYLE 1968 HELEN RICE 124014 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 24 HRS. 6 AGE (In years IF UNDER 1 YEAR lost birthday) MONTHS T HÖURS 14JAN09 59 YRS FEMALE CAUC 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WISCONSIN WIDOWED X DIVORCED [cremation, ar removal, and in any event, within 72 USA MONTGOMERY signed by the attending physician and campletely filled in burial-transit permit. Then please remove carban paper burial, crematian ar removed and in 10. CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of work and life, even if retired) **BETHESDA** 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b. COUNTY YES HYATTSVILLE 5023 59TH AVE 14. FATHER'S NAME 15. MOTHER 5 MAIDEN NAME First Middle Middle **JAMES** JOSEPH DOYLE **EMMA** BELL LANGE 17 INFORMANT 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes no, or unknown) (If yes give war ar dates of service) ROSEMARY BEALES 1837 MONROE ST. N.E. WDC 36 1349 18. CAUSE OF DEATH (Enter only one couse per time for (o), (b), and (c),) PART I. DEATH WAS CAUSED BY: META STATIO CARCINOMA OF BREAST WITH WIDE-IMMEDIATE CAUSE (6) _ DUE TO, OR AS A CONSEQUENCE OF Spread INVOLIZMENT OF LUNGS AND BONDMARROW Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been use as the lath of Page 4 may be retained by the haspital ar attending 190 DATE OF OPERATION 206 IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? of Health p YES T NO | O FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21d INJRY OCCURRED Stote City or Town County While Not while of work 220. I certify that (this haspital) attended the deceased from 6 FEB , 19 68, to 22 FEB , 1968 , that (i) (we) last saw the deceased alive on 22 FEB , 1968 , and that in (my) (our) opinion death occurred on the date and hour and from the . 1968__, that #) (we) last causes stated above, [1] (we) (did) (did net) view the body after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS. 22 FEBRUARY 1968 director, page shauld be filed PHYS. 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) TH EODORE H. LILSON, JR. M.D. NAVAT. HOSPTTAL BETHESDA 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Arlington National Cemetery Arlington Virginia Feb 26, 1968 250 REC'D BY REGISTRAR 3 1968 256 REGISTRAR S 1 GNATURE 24. FUNERAL DIRECTOR Gasch's Funeral Home ADDRESS VR A15 (4) 4739 Baltimore Ave. Hysttsville, Md. 30M REV 1/68



16	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
- FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Doy Year 20 HOUR
96 of 15	(Type or Print) W1111217- E Rice- DEATH MATED 726 4 1968 ? IN
ms Pelo	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (n years f JNDER TEAR 1F UNDER 24 HPS 2c DATE PRONOUNCED DEAD 2d HOUR Month Doy Year 1968 10 = 10 10 10 10 10 10 10
e b d	70 BIRTHPLACE (State or foreign 76, CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9, COUNTY OF DEATH
200	country) ohio. 11.5.A. WIDOWED DIVORCED Montgonzery
offer death B Give, Bages olang with the State, with the State,	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital CCUPATION (Kind of work done give street address) Chevy Chase 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital CCUPATION (Kind of work done dyring most of working life, even if retired.) Retired—Engineer of Mines.
	130 USUAL RES DENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN December 13b COUNTY Montgerners Bethesda YES X NO 3708 Montgerners Rd
hour Item Office I and 2	14 FATHER'S NAME First Middle ast IS MOTHER'S MADEN NAME First Middle Lost General Rice Pearl Francis - Grubb
within 24 pencil in xaminer's ile pages 72 hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no or unknown) (If yes give wards dolles of service) (If ye
Paring the second of the secon	8 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) Massive Cardiac Tampanede Sudden=
d be exerut d "pending" Chief Medico fransit permi	Conditions, if any, which gove rise to immediate cause (a) (b) Rupture of Disecting Anewrysm of Aorta Sudden.
S S	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF DISEASE - Years,
is certificate she, writing the forwarded to the used as bur removal, and in	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
This certificate should irote, writing the word be forwarded to the Cl dbe used as a buriol-trior removal, and in any	190. DATE OF OPERATION 190. COND.T.ON FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of colors of part 2), Item 18.)
	210 EXTERNAL CAUSE WAS 21b TIME OF INLURY Month, Doy Year PRIMARY OR CONTRIBUTING HOUR A.M. 19 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21d INJURY OCCURRED 21c P. ACE OF INJURY (At home form street 21c IO/ATION Street or R. F. D. No. (Ity or Town) County Stote
S = S = S = S = S = S = S = S = S = S =	21d INJURY OCCURRED WHILE NOT WHILE AT WORK A
L EXA recute Page for you R: Pog	22a. I certify that I taak charge of the remains described above, held on Autopsy 🚺, Inspection 💢, Inquiry 💆, and in my apinion
blease execute the director. Page 4 etained for your DIRECTOR: Page 5 or to burial, crem	death resulted from: Natural causes 💆 , Accident 🔲 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🔲
please e direction retained or to bu	ACTUAL O D 90 12
> b . = =	SIGNATURE
O DEPUTY necessary, p the funera 5 moy be ra O FUNERAL Health prio	EXAMINER'S NAME (Type) JOHN G. BALL DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county) Bethesda. Md.
TO DEPL necessa the fun 5 moy TO FUNE Health	230 BURIAI, (REMATON, REMOVAI (Specify) Burial 2-9-68 Removal (Specify) 230 NAME OF CEMETERY OR CREMATORY Pittsburgh, Penna.
	24. FUNERAL DIRECTOR ADDRESS 250 REGISTRAR S SIGNATURE
VR A15ME (5)	ROBERT A. PUMPHREY, Bethesda, Maryland Maryland

closer toff

ŧ.

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 41 8 3 15 CERTIFICATE OF DEATH DECEASED-NAME 2a. DATE OF DEATH Middle Last 25 HOUR death. deoth. (Type or print) Manth after 3. SEX 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) MONTHS within 72 hours 24 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED DIVORCED [WIDOWED [f lled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12b SIND OF BUSINESS OR dualing most of work nglife, even if retired.) INDUSTRY attending physicion and completely permit. Then pleose remove carbon buriof, cremation, or removol, and in ony event, 13a USUAL RESIDENCE (Where deceased lived, funstitution: Residence before 13c 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER requires that the deoth certificote be executed 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle KOSÉ HLEX 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes, no, wungknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH permit. IMMEDIATE CAUSE (0) Whileynothers signed by the buriol-tronsit p Canditians, if any, which gave (b) Thromeophhele rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or ottending physician. stating the underlying cause alcinomic ncreas PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to t 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? YES T be detached for use State Dept. of Health NO 🗔 this certific≡te 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. director, page 3 should be detache should be filed with the State Dept. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No City or Town State County While Nat while at work TO FIIMERAL DIMICTOR: After 22a. I certify that (1) (this hospital) ottended the deceased from... 2/2 _19 62, and that In (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on. causes stated above, (1) (we) (did) (did nat) view the body after death. 22b, SIGNATURE 22c DATE SIGNED ATTENDING PHYS. MED. DIRECTOR. STAFF PHYS. 22d. PHYSICIAN 23a BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY 28d LOCATION (City or Town) (County) (State) REMOVAL (Specify) CEMETERY RLINGTON NAT. LINGTON 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Klienley WASHINGTON 30M REV 1/68 DATE

MARYLAND STATE DEPARTMENT OF HEALTH







	MARYLAND STATE DEPARTMENT OF HEALTH	
· XX	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 23b Film G398 2/29/68 kk CERTIFICATE OF DEATH	31
· = (2X)	1 DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 21	ь. Н угуя
r deoti	Jeffery Thomas ROSS February Month 14 1968 2	2:20
affe a	3. SEX AGE (In years FUNDER YEAR FUNDER YEAR FUNDER YEAR FUNDER YEAR FUNDER YEAR YEAR	DER 24 HRS RS MIN
24 hours ed irroy poers. Prours	70 BIRTHPLACE (Stole or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Montgomery	Md
e executed within 24 h. and completely filled in remove corbon pagers. In any event, within 72th	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast of working life, even if retired.) 12 USUAL OCCUPATION (Kind of work dane during mast of working life, even if retired.) 12 USUAL OCCUPATION (Kind of work dane during mast of working life, even if retired.)	ESS OR
omplete	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY UM.157 13e. STREEF AND NUMBER odmission) STATE No. 13b. COUNTY No. St. Marys Flexingt Sha No. 13d INSIDE CITY UM.157 13e. STREEF AND NUMBER 13b. COUNTY No. St. Marys Flexingt Sha No. 13d INSIDE CITY UM.157 13e. STREEF AND NUMBER 13b. COUNTY No. St. Marys Flexingt Sha No. 13d INSIDE CITY UM.157 13e. STREEF AND NUMBER 13b. COUNTY No. St. Marys Flexingt Sha No. 13d INSIDE CITY UM.157 13e. STREEF AND NUMBER 13b. COUNTY No. St. Marys Flexingt Sha No. 13d INSIDE CITY UM.157 13e. STREEF AND NUMBER 13b. COUNTY No. St. Marys Flexingt Sha No. 13d INSIDE CITY UM.157 13e. STREEF AND NUMBER 13b. COUNTY No. St. Marys Flexingt Sha No. 13d INSIDE CITY UM.157 13e. STREEF AND NUMBER 13b. COUNTY No. St. Marys Flexingt Sha No. 13d INSIDE CITY UM.157 13e. STREEF AND NUMBER 13b. COUNTY No. St. Marys Flexingt Sha No. 13d INSIDE CITY UM.157 13e. STREEF AND NUMBER 13b. COUNTY No. St. Marys Flexingt Sha No. 13d INSIDE CITY UM.157 13e. STREEF AND NUMBER 13b. COUNTY No. St. Marys Flexingt Sha No. 13d INSIDE CITY UM.157 13e. STREEF AND NUMBER 13b. COUNTY No. St. Marys Flexingt Sha No. 13d INSIDE CITY UM.157 13e. STREEF AND NUMBER 13b. COUNTY No. St. Marys Flexingt Sha No. 13d INSIDE CITY UM.157 13e. STREEF AND NUMBER 13b. COUNTY NO. STREEF AND NUMBER 15b. COUNTY N	7C
be exe	14 FATHER'S NAME First Middle Lost US MOTHER'S MAIDEN NAME First Middle Lost Doris K. PEARCH	st
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within be retained by the haspital or ottending physician. SIRECTOR: After this certificate has been signed by the attending physician and completely filling the detached for use as the burial-transit permit. Then please remove corbon posed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, none unknown) Na William J. Ross, Rt #1 Box 432 Maryland	Pk.
h cer ing p The	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: Concerns to 1 Heart Discourse	
deat ttend srmit. n, or l	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Congenital Heart Disease Immediate Cause (o) Due to, or as a consequence of	
t the the a sit pe	Conditions, if ony, which gove hise to immediate cause (o). (b) Aortic Valve Atresia	
es tha sician. ed by al-tran	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF (c)	
requir g phys signe buric	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
IAN: The law related or ottending I ficate has been stor use as the the let th	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES NO 1210. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 1216. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2 Item 18.)	ING
te ha	YES NO CAUSES OF DEATH? YES 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
ICIAN pital o riffical d for of He	Grantileutine Cause of Death HOUR A.M. Month Day Yeor P.M. 19	
PHYS he has this ce detache s Dept.	21d. INJURY OCCURRED VALUE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No City or Town County While of work of work	Stote
IDING 1 by t After d be c	220. I certify that (I) (this haspital) attended the deceased from 13 Feb , 1968, to 14 Feb , 1968, that (I) (saw the deceased alive on 1968, and that in (my) (aur) apinian death accurred on the date and hour ond couses stoted above (II) (ye) (aid) (did not) view the bady ofter death.	we) last
TOR:	200 SIGNATURE 1 F 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7	
OR / be re DIREC DIREC	DEGREE PHYS ATTENDING MED. STAFF 16 Feb 1968	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept.	22d. PHYSICIAN'S NAME (Type) G.P. SWARTZ 22e ADDRESS Naval Hospital , Bethesda, Md.	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death ce Poge 4 may be retained by the haspital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 shauld be defached for use as the burial-transit permit. The should be filed with the State Dept. of Health prior to burial, cremotion, or rem	Binoval Specify) 2/19/1968 Arlington National Arlington. Va.	ote)
VR A15 (4) 30M REV 1/68	24 FUNERAL DIRECTOR ADDRESS Bethesda 250. REC'D BY REGISTRAR SIGNATURE R.A. PUMPHREY, 7557 Wisconsin Ave Md. DATE FEB 26 1968 ANDRESS DATE FEB 26 1968	el.
SOME KEY 1768	R.A. PUMPHREY, 7557 Wisconsin Ave Md. DATE FEB 20 1300	



、 - 1		,2902				PAKIMENI U		LABVIAND OFFER			
71×			DIVISION OF VITAL					ARYLAND 21201		5. 17	. ,
		Item 5 Film G39	10 3/14/00 Kg	K (ERTIFICAT	E OF DEAT	Н		· L	x 13 3	7
₹ \ZZ\\		CEASED-NAME First ype or print)		Middle		Lost	2a. DATE	OF OEATH Month Do	ov Yeor	2b. HC)UR
deat and deat		Tee CM			Rupert			2/21/68			
y sterior of sterior o	3. SE	x female	4 RACE white			ATE OF BIRTH 14/24/67/ 5	3/19/67	6. AGE (In years last birthday)	F UNDER 1 YEAR		MIN
haurs of the	70, I	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COU	NTRY?	8 MARRIED N	IEVER MARRIED	9. COUNTY				
24 h	N	arvland	USA		WIDOWED [DIVORCED [gomery			N
fille Fille	10. (ITY OR TOWN OF DEATH	11. NAME OF H	IOSPITAL OR INST	TITUTION (If not in		JSUAL OCCUPATI	ON (Kind of work done ng life, even if ret.red)	12b. KIND (INDUSTRY	OF BUSINESS O	JR
# Se S		liver Spring,	give street ad		Hospi tal	-	none	9	MOGSIKI	N.A.	
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the haspital or attending physician. DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the fundance is 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages J and sed with the State Dept. of Health priar ta burial, cremation, ar removal, and in any event, within 72 haurs after death please.	13a. adm	USUAL RESIDENCE (Where deceas ssian) STATE Md	ed lived, if institution: Resi	idence before	13c. CITY OR TOW Silver S	N 13d NSID€ 0	W0 []	STREET AND NUMBER	Blakely	Cour	t
and co	14	ATHER S NAME First	Middle	Last	IS. MO	THER'S MAIDEN NAM	AE First	Middle		Lost	
an an an ase re		Gerald	L. Ri	upert	X	Yellology		# Sheaffer	ABOXIES!	K	
sician slease and		WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (If yes give w	AED FORCES? 16b. SO	CIAL SECURITY N		MANT SIL	ver Spri	ing, Maddress			
rtific Sylva Na Na		N.O.	· ·	<u>ione</u>	yero	rld L. Ru	pert -1:	2300 Blakel			
ling phys Then premayal,		18. CAUSE OF DEATH (Enter on	y ane cause per line for (c			> . !				ÖXIMATE INTERVAI N ONSET AND DEA	
The it is a series of the seri		PART I. DEATH WAS CAUSED IMMEDIA	ATE CAUSE (a)	udo	len	eath.			2	Day	Š,
affe affe		079.1	DUE TO, OR AS A COM			7000					
# # # # # # # # # # # # # # # # # # #		Conditions, if any, which gave a rise to immediate cause (a),	(b) A	inte 1	Viral.	Ni Sie	152.				
that the		stating the underlying couse	DUE TO, OR AS A COM	NSEQUENCE OF							
Signature of the signat		lost.	{c}					-			
physic physic signed burial burial		PART 2. OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE	TERMINAL DISEASE	OR CONDITION G	VEN IN PART 1(a)			
The law re or attending se has been use as the salth prior to	No										
as be	CERTIFICATIO	190. DATE OF OPERATION 196.	CONDITION FOR WHICH OPER	RATION WAS PER	FORMED :	20a. AUTOPSY?	CALL	IF YES, WERE FINDINGS - SES OF DEATH?	CONSIDERED IN	CERTIFYING	
독 to the set of the	E SE	ACCIDENT MAR HINGSON	00 100 000								
IAN: The old or att licate ha far use Health g	₽ G	23 o. ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT	IG 216 TIME OF INJURY H HOUR A.M. Monti	h Day Year	21c HOW II	NJURY OCCURRED (I	Enter nature of i	njury in Part 1 ar Port 2,	Item 18.)		
Signature Signature	MEDIC	flf either, notify medical examin	ner) P.M.	19							
G PHYSICIAN: The law rethe haspital or attending this certificate has been detached far use as the te Dept. of Health priar ta	2	21d INJURY OCCURRED 21e. While Not while of work	PLACE OF INJURY (AT HOME OFFICE B	, FARM, STREET FACT UILDING, ETC.	ORY.] 21f. LOCATI	ON Street or R.F.D.	No. (lity ar Town	Caunty	Sto	te
by the After III be de de State	1	22a. I certify that (I) (this saw the deceased a	is hospital) attended	the deceose	d from	eh >- ?	9_6 &, to_	Febr 21, 19	1 <u>66</u> ; the	at (I) (1) aye) lo
Ped le		saw the deceased a	live on	2-0 19	6 & ond th	at in (my) (our) 5	opinion deot	h occurred an the d	ate and hav	ır and fron	n th
retained retained ECTOR: A shauld with the		22b. SIGNATURE	, (1) (we) (ulu) (ala-tia	m) view ine u	addy offer deal	11.		220	. DATE SIGNED	/	_
OR be re Be re ded wij		ilalph	17. ch	v h	DEGREE	ATTENDING PHYS.	DIRECTOR E	STAFF PHYS.	2/2/	1/68	. د
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-tran shauld be filled with the State Dept. of Health priar ta burial, cre		22d. PHYSICIAN'S NAME (Type) PCC)	ph Stil	ler		22e. ADDRESS	11 1	bring 1	Freet	- 22	
O HOSPII Page 4 m O FUNER directar, shauld be	230	BURIAL, CREMATION, 236	DATE :	23c NAME OF C	EMETERY OR CREA	MATORY emetery	23d 1,0C/	ITION (City or Town) INCE GEORGE	(County)	(Stote)	
5 5 5 2 4		11 4 11	7 90 20 4 20		incoln ((0.1	Marylo	m
VR A15 (4) 30M REV 1/68		FUNERAL DIRECTOR CONTROL PUMP Pro	ti, C.Glen C	Gan Ave	sils.	Md. 250 REC	D BY REGISTRAF	25b REGISTRAR		1 to :	
	1 00	A	13	J		UAILL	, ,,, ,	- 1//	11 8	F .	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02903 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 20 DATE OF DEATH First 2b 24 hours after death. (Type or print) led in by the funare apers. Pages of one 3. SEX 4 RACE DATE OF BIRTH 6. AGE (in years last birthday) IF UNDER I YEAR MONTHS DAYS HOURS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH HPLACE (State or foreign MARRIED NEVER MARRIED New York WIDOWED D DIVORCED [10. CITY OR TOWN OF DEATH I NAME OF HOSPITAL OR DISTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street oddress INDUSTRY carban newy attending physician and careplerety 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13d. INSIDE CON LIM TS? 13e, STREET AND NUMBER crematian, ar remaval, and in any event requires that the death certificate be executed 13b COUNT 14. FATHER'S NAME MOTHER'S MAIDEN NAME First 16b. SOCIAL SECURITY NO. 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no, or unknown) (If yes give wor or dates of service) 18 CAUSE OF DEATH (Enter only one couse per line for (a) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE Conditions, if any, which gave? burial-transit rise to immediate cause (o). þ DUE TO, OR AS CONSEQUENCE O stating the underlying couse signed l PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART as the priar tal 4 may be retained by the haspital ar attending has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO | far use af Health this certificate 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No 21d. INJURY OCCURRED 21e PLACE OF INJURY City or Town County State While Not while at work L of work FUNERAL DIRECTOR: After 22a. I certify that (I) (this hospital) afterded the deceased from. no that in (my) (our) opinion death occurred on the date and hour and from the sow the deceosed olive on couses stoted obove, (I) (ME) (Ind) (Idual (at) view We body ofter deoth 22c. DATE SIGNED 22b. SIGNATURE director, page shauld be filed DIRECTOR PHYS. 22d. PHYSICIAN'S 22e ADDRES NAME (Type) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL, CREMATION REMOVAL (Specify) (County) (Stote) St. Mary's Cemetery 2-23-1968 Laural, Ma Kamova REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250. REC'D BY REG STRAR 2Sb VR A15 (4), 9 30M REV 1368 Joseph 'awler's Sons, Inc.



52904 DIVISION OF VITAL RECORDS, 301 W. FRESTON STREET, BALTIMORE, MARYLAND 21201 02890 CERTIFICATE OF DEATH M. ddle 2o. DATE OF DEATH 2b. HOUR 1. DECEASED NAME First Lost (Type or print) Diane Elaine SANDERS Feb. 620IM IF UNDER 24 HRS 4. RACE 5. DATE OF BIRTH 3. SEX 6 AGE (In years lost birthdoy) Female Caucasian January 29, 1968 24 hours attending physician and completely filled in the permit. Then please remove corbon payers. 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED 🦳 NEVER MARRIEB 🔼 Pensacola USA DIVORCED [Montgomery WIDOWED [burial, cremation, or removol, and in any event, within 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR The law requires that the death certificate be executed within give street oddress Naval Hospital during most of working life, even if retired.) Bethesda 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIM TS7 13e. STREET AND NUMBER odmission) STATE Florida 13b. COUNTY YES NO Argyle Box 93 14. FATHER'S NAME First M.ddle Lost 15. MOTHER'S MAIDEN NAME First James T. Sanders Edith Elaine Milhorn 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, np. or unknown) Hospital records APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congenital heart disease; pulmonary valve stresia Page 4 may be retained by the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 should be detached for use as the burial-transit permit, should be filed with the State Dept. of Health prior to burial, cremation, or re , IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(o) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 205. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔀 NO 🖂 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State of work Of work 220. I certify that (1) (this hospital) attended the deceased from Feb. 1 , 19.68 , ta Feb. 2 , 1968 , that (1) (we) last saw the deceased alive on Feb. 2 19.68 and that in (My) (our) opinion death occurred on the date and hour and fram the couses stoted, obove, 41) (we) (did) (313 2011) view the body after death. 22h. SIGNATURE 22c. DATE SIGNED ATTENDING MED DIRECTOR Feb. 5, 1968 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Gene P. SWARTZ, M.D. Naval Hospital, Bethesda, Md. 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23b. DATE (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) Magnolia Cemetery De Funiak, Florida 2-8-68 24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS 2So REC D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE. VR A15 (4) DATEB Funeral Home, 7557 Wisconsin Ave., Bethesda 30M REV 1/68

WEST OF HEALTH

SATANAS STATE OF PARTEE

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1 DECEASED-NAME First Middle Last 2a. DATE OF DEATH death (Type ar print) Schlein Feb. Manth 1:30ar Edward 8Day 68Year L. 3. SEX 4. RACE after S. DATE OF BIRTH IF UNDER I YEAR IF LINDER 24 HRS. 6. AGE (In years 76 XX Male White XXXXXXXX HOURS signed by the attending physician and completely filled in by a burial-transit permit. Then please remove carbon papers, the burial, cremation, as removal, and in any event, within 72 hours 24_hours 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED TI NEVER MARRIED Maryland USA WIDOWED DIVORCED [Montgomery 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital ID. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within g ve street oddress] Mont gomery General during most of working life, even if retired) INDUSTRY Sykesville 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN I.3e. STREET AND NUMBER odmission) STATE Maryland 13b COUNTY Carroll' Sykesville 146 Second YES NO 🗔 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First M ddle Henry P.Schlein Lena 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b, SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) Montgomery General Hospital Olney, Md. 213-05-4968 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO [2 a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONFRIBLTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, natify medical examiner) detoched (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No 21d INJURY OCCURRED 21e PLACE OF INJURY City or Town County State While Nat white at wark causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c DATE SIGNED STAFF PHYS DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S .22e. ADDRESS NAME (Type) Dr.Frederick M oomau 23a BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) /(County) (State) Baltimore, Maryland BOYA (Specify) 2-12-1968 Loudon Park Cemetery 250 PECD BY REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Ave. 21229 VR A15 (4) 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



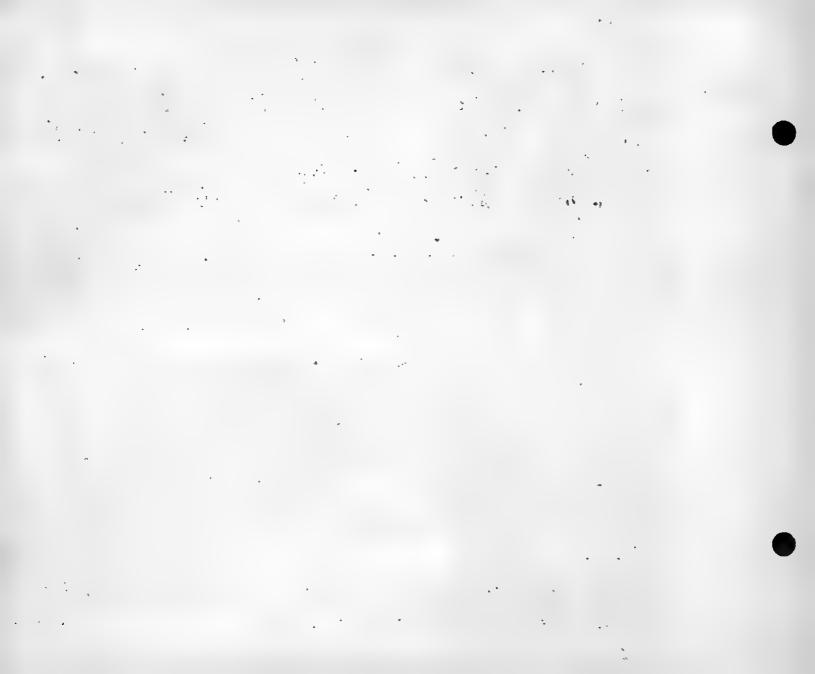
1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		
FOR STATE	Ι,	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7. 1.	,
HEALTH DEPT.		MEDICAL LAMBINER'S CERTIFICATE OF DEATH	Pov Yeor	2b HOUR
		(ype or Print) Virginia Elizabeth Schucht OF ESTI- DEATH MATED IN 2 13		1:35
5 7 E	3. 5	X 4 RACE S DATE OF BIRTH 6 AGE (in years F UNDER 1 YEAR IF UNDER 24 HKS 20 DATE PRONOUNCED DEAD		2d. HOUR
7 CA 1		F W 2-11-11-11 (1910) 58 WRS WAS DAYS HOURS MIR Manth	Year 168	2:40
e bo		BIRTHPLACE (Store or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH		
farm farm		Milwaukee, U.S.A WIDOWED DIVORCED Montgomery		M
haurs after death tem 18. Give Page Office along with and 2 with the Soli	F	cockville guestiest address) osvenor Place during most of work ng life, even fretired) N	2b KIND OF BUSI IDUSTRY NOT	
2 with		usual residence (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d IMSIDE CITY UM. 13? 13e, STREET AND NUMBER dmission) STATE Md. 13b COUNTY Montgomery Rockville YES X NO 10201 Grozveno	r Plac	e
I haurs Item 18 Office 1 and 2 after d	14 1	ATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Last	
24 in I ir's (ir's (William Dalhke Ella Henke		
varid be executed within 24 ward "pending" in pencil in the Chief Medical Examiner's rial-transit permit. File pages any event within 72 haurs	()	WAS DECEASED EVER IN U.S. ARMED FORCES? 165, no, of unknown (Hyse give wor or dotes of service) 186, no, of unknown (Hyse give wor or dotes of service) 187 INFORMANT ADDRESS Gilbert M. Schucht Rockville,		
be executed "pending" in lief Medical Es insit permit. Fi event within		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY Carcinoma of the Broadt with	APPROXIMATE I BETWEEN ONSET	
xecuted nding in Medical permit.		PART I. DEATH WAS CAUSED BY Carcinoma of the Breast with	8 mo	s.
be executed "pending" in uef Medical E insit permit. F event within		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) metastastis		
shauld be e ne ward "per a the Chief I burial-transit in any ever		rise to immediate couse (a), (b)		
		lost. DUE TO, OK AS A CONSEQUENCE OF		
s certificate she, writing the farwarded ta used as a bu emaval and ir		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)		
fitra tring ridec as as		17		
ins certificate : te, writing the forwarded to e used as a b remaval and	CERTIFICATION	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY	?
This cate, be fa	E		YES	NO X
별그 프 이 기		216 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M. 216 HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	(18)	
NER Shou files shou aria	MEDICAL	CAUSE OF DEATH P.M. 19 21d IN.JRY OCCURRED 21e. PLACE OF IN.JRY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County	State
		WHITE NOT WHITE AT WORK AT WORK AT WORK	Cosing	31016
bical Examilease execute the director Page 4 estained for your DIRECTOR: Page in to bur all, creming to bur all, creming the page of the p		22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection K, Inquiry K,	and in my	v apınıar
ase exerted fraction of the control		death resulted from Natural causes [X]. Accident []. Suicide []. Hamicide []. Undetermined manner	7	, apinia
please educator director estained DIRECTOR DIREC		CHIEF MEDICAL EXAMINER	_	
		SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 226 DATE SIG	GNED 2-12	-68
DEPUTY SIGN RESSARY, please e e funeral director may be retained FUNERAL DIRECT ealth prior to bu		examiner Dr. John G. Ball, M.D. DEPUTY MEDICAL EXAMINER M		
necessary, the funeral 5 may be of FUNERAL Health pre	33 -	NAME (Type) ADDRESS(Street, city, town, or county) BJRIAL, CREMATION, 23b DATE 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (C		-4-3
5 - 25 -	C 230	DEMOVAL (See al.)	ounty) (St. Omery	Md
1		F INFRAI DIRECTOR ADDRESS JOS PECISTRAD JOS PECISTRAD SU	GNATURE COM	TVICE,
VR ATSME (5)		Robert A. Pumphrey 7557 Wisconsin Ave. REFR 19 1968 Clients	D. Janes	2 2



	_		1	MARTLAND STATE DEPARTMENT OF HEALTH
and an	enes.			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
				CERTIFICATE OF DEATH
	£ 2 £			CEASED NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR
	de de de		'	YPB OF PINITY ERSKINE LOWRY SCOTT MONTH DOY YARD 10 PAM
	5		3. SI	X 4 RACE S. DATE OF BIRTH 6. AGE (19 YEAR 15 Y
	4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			M 10-1-1890 last birbdox) YRS. MONTH'S DAY'S POURS MIN
	ani od inc			JIRTHPLACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED OF MENER 9. COUNTY OF DEATH
	n 24 h		coul	WIDOWED DIVORCED MONTGOMERY
	filled Thin 74	. Lv		ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION (Kind of work done 12b KIND OF RUSINESS OR
	witl tely rbo	11		FROMA 177X WASH, SANTHOSP
	nplet car vent,			LSUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. MSIDE CITY LIMITS? 13e STREET AND NUMBER SSION) STATE NORTH AND. 13b. COUNTY GOMERY TAKOMA PARKYLAND. 13b. COUNTY TO MERY TAKOMA PARKYLAND. 17012 CARROLL AVE.
	campl nave co		14	MARYLAND. MONTGOMERY TAKOMA PARKYES NO 7012 CARROLL AVE. ATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost
	certificate be executed within 24 haurs after g physician and campletely filled in by the Then please remave carbon papers Pages. Then please and in any event, within 72 hours after	-1	14	SAMUEL SCOTT CELESTIA B. MAYES.
7	ite f		160	WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO. 17. INFORMANT Address
è	ertificate b physician nen please naval, and i			es, no, or unknown) (fives give wor ard dates al service) 218-20-1846 FIRMYS 7. Scott 7/28 CARROLL AVE
. 6	ng pl Ther			18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) TRKOM FI FERMAN DISET AND DEATH
3	ath idin it.			PART I. DEATH WAS CAUSED BY.
2	that the death an. by the attendin ransit permit.			4 / DUE TO, OR AS A CONSEQUENCE OF
3	t the other sit pot			Conditions, if ony, which gove) (b) Musically which gove)
2	that an. by th ransi			rise to immediate couse (o),
1	quires the physician. signed by burial-trai			stoting the underlying couse lost. (c) Cocopany arthur aller 10 years
3	equires physici signed burial-t			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
7	ng F an s an s an s ta b			4401
al	law andi- ber s th		FICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
9	The law re attending has been se as the th priar ta	X	IĔ	YES NO CAUSES OF DEATH?
3	are are lealt		I GER	21a. ACCIDENT WAS UNDERLYING 21b. T.ME OF IN.URY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
23	YSICIAN: aspital ar certificate thed far u		MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 19
7	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Page 4 may be retained by the haspital ar attending physician. Define A may be retained by the haspital ar attending physician and campletely director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbah shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, with the state Dept.		W.	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT NOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State of work of work
9	ING by t ter ter			22a. I certify that (I) (this hospital) attended the deceased fram
-	ed led led led led led led led led led l		L	22a. I certify that (I) (this-hospital) attended the deceased fram
	tain tain that		L	226 SCHATURE 220 DATE SIGNED
	OR be re			Several Med a la DEGREE PHYS. ATTENDING MED DIRECTOR D STAFF DIRECTOR D PHYS. D
	AL (AL Dough by	1		22d. PHYSICIAN'S 22e. ADDRESS
	O HOSPITAL OR ATTENE Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	,		NAME (Type)
	HO.		286	BLRIA REMATION 23b. DATE 23c STAME OF CEMETERY OR TREMATORY 23d LOCAHON (Kity or Town) (Store) (Store)
	5 5 5 9 4 V	de	L	7" Feb 2: 1760 palle established tomesay Hogher J. Nas - Illa
	VR A15 (4)		24	FUNERAL DREGTORY ADDRESS 54 STREET BY REGISTRAR'S SIGNATURE ADDRESS 54 STREET BY REGISTRAR'S SIGNATURE FER B 5 1968
	30M REV 1/	06		ANTIFUU MALLEES M. TO DATE DISON

٠. •

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 : 2894 CERTIFICATE OF DEATH DECEASED-NAME First 20. DATE OF DEATH 2b HOUR hours after death (Type or print) FUNDER 1 YEAR IF JINDER 24 HRS. 4. RACE S. DATE OF BIRTH 6. AGE (In years last biphace) MONTHS DAYS HOURS 24 hours 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED country) WIDOWED TX DIVORCED [pa 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled director, page 3 should be detached far use os the burial-transit permit. Then pleose remove carbon pashould be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in ony event, synthetically. within INDUSTRY during most of working life, even if retired.) 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13d. INSIDE CITY LIMITS? requires that the death certificate be executed 13b COUNTY admission) STATE 14. FATHER'S NAME Middle Last 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (f yes give war ar dates of service) and ar unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2-OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital or attending 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED TENTER noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED State City or Town... While Not while of work 22a. I certify that (I) (this hospital) attended the deceased from 1961, ta 2/20, 1965, that (I) (we) last saw the deceased alive an 2-20-1965, and that in (my) (out) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death. 22b SIBNATURE **ATTENDING** DEGREE DIRECTOR PHYS: CIAN S 22e ADDRESS NAME OF CEMETERY OR CREMATORY 23d. LOCATION XCity or Town) 23g. BURIAL CREMAT ON (County) VR A15 (4) 30M REV, 1/6



& I	E9	9 3-29-68 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		02909 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	12895
MEALTH DEPT		DECEASED-NAME First Middle Last 2a DATE KNOWN Manth Do	oy Year 2b HOJR
S 5 8 3 5		Type or Print) RICHARD ALTON SECORD SR. DEATH MATED 2-3	1968 200 M
0 0 0	3	SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years J. MOETR I YEAR F UNDER 24 HPS. 2c DATE PRONOUNCED DEAD (as) birthday) MONTHS DAYS HOURS MIN MONTH	2d HOUR
The state of the s		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Year 1968 200 M
3		BIRTHPLACE (State or foreign 7b. (ITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
far far one		TILLINGIS U.S.A WIDOWED DIVORCED Montyonery	Md
ve Pages with fa	/ -	one street address and the state of the stat	b KIND OF BUSINESS OR DUSTRY
fer calling ing in the firm.	130	SLA. RESIDENCE (Where deceased lived, if institution Residence before/13c CITY OR TOWN 30 INVOECTY LIMITS? 13e. STREET AND NUMBER	-ED GOVT
hours after death Item 18. Give Pages I Office along with four land 2 with the State D after death.		DIM SSIAN) STATE MD 136 (OUNTY PR. GEO. OHYATTSVILLE YES NO 1 2207 LEW	DISDALE
hours Item 18 Office 1 and 2	j 14.	FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle	Last
24 in 1 in	_		VAILABLE.
INER: This certificate shauld be executed within 24 is certificate, writing the word "pending" in pencil in should be farwarded to the Chief Medical Examiner's files. 3 shauld be used as a burial-transit permit. File pages ination, or remaval, and in any event within 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, apunknawn) (Il yos give war or deles of service) 320 10 3391 MRS Ann SECORD - W	
w t pe Exam Exam File	-		JIFE APPROXIMATE INTERVAL
be executed "pending" in nef Medical E ansit permit. F event within		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS (AJSED BY Gunshot wound of chest with expanguination which provides (AJSE (a)).	BETWEEN DISET AND DEATH
e executee pending" i ef Medical isit permit.		IMMEDIATE (AUSE (a)	
pe e liper lef / lef / lef / lef / lesit		Canditions, if any, which gave }	
auld I vord he Ch ial-tra		tise to immediate cause (a). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
shauld be in word "pe of the Chief of the Chief burial-transition any even		last (c)	
certificate shauld writing the word prworded to the Ct seed as a burial-tra noval, and in any		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(a)	
tifica ardex ardex d as	NO	// 1	
iis certific te, writin farward e used as remaval,	Ę	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
This cate, be fa	CERTIFICATION	21a EXTERNAL CAUSE WAS 21b T ME OF INJURY Manth, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	YES NO
NER: T certifica hould b iles. shauld stron, or	₹	PRIMARY FOR CONTRIBUTING 1: HOLFRAM 2 3 1968 Deceased shot in Thorax by son	10)
INER Ine cel shau files 3 shau natial	MED	21d INJRY OCCURRED 21e PLACE OF INVIRY (At home form street 21f LOCATION Street or R.F.D. No. (stycy Town)	County State
L EXAMINER: T ecute the certifica Page 4 shauld b or your files. R: Page 3 shauld ol, cremation, or		WHIE AT WORK AT WORK AT WORK Factory, refine building, etc.) Hyattsville Pr.	. Geo M
Xe Xe Circle Page 12		22a. I certify that I taak charge of the remains described above, field an Autapsy Inspection Inspection Inquiry II.	and in my ap nian
DICAL Dicase exe director P etained fa DIRECTOR		death resulted from: Natural causes , Accident , Suicide , Hamicide Undetermined manner	j
		ACTUAL CHIEF MEDICAL EXAMINER	
JTY ITY, eral eral be per		SIGNATURE ASSISTANT MEDICAL EXAMINER 22b DATE SIGN	7 1010
o DEPUTY necessary, p the funeral 5 may be ra 0 FUNERAL Health prior		EXAMINER'S BELOEN READ, M. DADD MEDIAL EXAMINER TO TOUTH	3,1760
6	230	BUR AL CREMATION, 236 DATE 236 NAME OF CEMETRY OR CREMATORY 23d LOCATION (City or Town) (Co. T. 1965 For Lincoln Cemetry Colored Contests Mexics N. E.	State) (State)
6	24	FUMERAY D RECTOR ADDRESS 2S AFFO BY REG STRAP 250 PSG/STRAP S (G)	NATURE
VR A15ME (5) 10M REV 1/68	1	wite pailty 254 Carrall Li NIV- ACC SHELD 3 BOB FORES	9
	Rose	/ /	



VR ATSME (5)

rew Memorial Funeral Home

4.1

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02911 02897 CERTIFICATE OF DEATH er deat funeral and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY b. COUNTY YONTGOMERY MARYLAND Montgomery The law requires that the death certificate be executed within 24 hours at b CITY OR TOWN (if surside corporate aprils, LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) 5mos. burial, crematian, ar remaval, and in any event, within 72 hauı d NAME OF HOSE JAL OR INSTITUTION (If not in haspital, give street address) .⊑ papers. d STREET ADDRESS e IS RESIDENCE ON A FARM? 15 NURSING 14108 Here't NO V and campletely fi remave carban p NAME OF Middle DATE Month Doy Year DECEASED 0F Bett 2 NMN) Shuster 1968 (Type of print) DEATH 6 COLOR OR RACE DATE OF BIRTH AGr (In years IF JNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED los birthdoy) Dovs Fe Hours WIDOWED W DIVORCED attending physician and sermit. Then please rem 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign co. (7) 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? KU551a Housewite 45A 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Abraham UNK. Schrebrank 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 5-5-40. 16 SOCIAL SECURITY NO (Yes, no, ar unknown) (If yes give wor or dates of service ABE Shuster(son) 14108 Heritage Lane 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), INTERVAL BETWEEN signed by the burial-transit s PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (6) Page 4 may be retained by the haspital ar attending physician. DUF TO Conditions, if ony, which gave (b) rise to immediate cause (o), DUF TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAYD TO THE TERMINAL DISEASE CONDITION GIVEN A PART 1(6) WAS AUTOPSY PERFORMED? NO 200 ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) be detached for State Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, TO FUNERAL DIRECTOR: After this (City or fown) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While at work L ot work 21. I certify that (I) (this haspital) attended the deceased fram 1966, and that seath occurred at saw the deceased alive an-M. fram causes and an the date stated above. 22o. SIGNATURE 22b DATE SIGNED **ATTENDING** PHYS DIRECTOR 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) 230 BURIAL, CREMATION, 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City of Town) (State) REMOVAL (Specify) 25o. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE Maryland b. COUNTY Montgomery Montgomery MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b Kensing Con nearest town) Kensington d. STREET ADDRESS e. IS RESIDENCE ON A FARM d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 3606 Farragut Street 3606 Farragut Street NO X nding physician and completely(fil). Then please remove carbon bay removal, and in any event, within executed within 3. NAME DE Silbert Month Day First DECEASED S. Bernice DEATH 19 < (Type or print) 9 AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Moure | Mile 6. COLOR OR RACE | 7. MARRIED 5. SEX DATE OF BIRTH NEVER MARRIED 1883 May 5. White Female WIDOWED X DIVORCED [1Da. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT The law remules that the death certificate be Pennsylvania Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Susan Smullen Frank Wills in signed by the attendination burial-transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) [(If yes give war or dates of service) .64-05-1697-D Donald T. Silbert -son-item # 2 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: by the hospital or attending physician. been signed the burial-tran IMMEDIATE CAUSE (a DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the prior certificate has t underlying cause last, (c) PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? for use Health p CATI NO K YES CERTIFI 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) detached f te Dept. of TO FUNERAL DIRECTOR: After this director, page 3 should be detacl should be filed with the State Depi CAL (County) (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While at work - Not While MED ATTENDING at work OR ATTENDIN be retained ! 195 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 1968, and that death occurred at 3 = M, from the causes and on the date stated above. saw the deceased alive on /- 3/_ 22b. DATE SIGNED 22a. SIGNATURI PHYS. DIRECTOR PHYS. Page 4 may NAME (Type) ADDRESS 22d. Rogers Seminary Road, Silver Spring, Md. 1919 John LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY 23d. 23b. DATE THEREOF 23a. BURIAL, CREMATION, BREMOVAL (Specify) Whitemarsh Memorial Park Prospectville 2/5/68 Pa. REGISTRAR'S SIGNATURE Funeral Home 1331 Rock. 25a. REC'D BY REGISTRAR 25b. Tyson wheeler VR A15 (4) Rockville. Marvland 15M 4-64





	MARYLAND STATE DEPARTMENT OF HEALTH			
18	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201			
		J2S14	CERTIFICATE OF DEATH	., 2.300, 11
death.		TEASED NAME First pe or print)	Middle Lost	2a DATE OF DEATH Month Doy Year 2b HOUR
	3. 5	DEKTHA	E SMILEY	2 10 68 6 AM
	3. 3	FEMALE WHI	TF. 3/10/1881	lost birthdoy) MONTHS DAYS HOURS MIN
	7 _D	RTHPLACE (State or foreign 7b CITIZEN OF WHAT	7/10/1001	9 COUNTY OF DEATH
d in Pers. 72 h	CQU	" 0.31M	WIDOWED DIVORCED	MONTGOMERY Md.
vithin 24		IY OR TOWN OF DEATH BETHESON 11 NAME 9445166	anddress) an also deale Manage during	UAL OCCUPATION (Kind of work done most of working life, even if retired) 12b KIND OF BUSINESS OR INDUSTRY 17 HOYLE
icate be executed within 24 hysican and completely filled in please remave carball papers. It, and in any event, within 72 h	13a.	JSUAL RESIDENCE (Where deceosed lived, if institution: sion) STATE 13b COUNTY	Residence before Lac CITY OR TOWN 13d. INSIDE CITY	
exected control of con	14	THER'S NAME First Middle	Lost IS. MOTHER'S MAIDEN-NAME	First Middle Lost
be ex n and se rem din an		NEIL'S W.	HOWSON SA	IRAH - HOWSON
e death certificate t attending physician sermit. Then please an, or removal, and		WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give wor or dates of service)	SOCIAL SECURITY NO. 17 INFORMANT IMR. EDWARD	AYRE - 1302 - DURBIN TERR.
ng p The			or (a), (b) and (c)	APPROXIMATE INTERVAL BETWEEN DINSET AND DEATH
leath mit.		IB. CAUSE OF DEATH (Enter only one couse per line for PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6)	LUTE CORUNARY OCCL	USION
the catt		Conditions, if ony, which gove	CONSEQUENCE OF TERIOSCLEROTIC HEHRT	DISFASE
hat th n. yy the ansit p ematit	L	nse to immediate couse (o). Storing the underlying couse DUE TO, OR AS A		DISF #34
quires tho physician. signed by burial-tran	П	lost. (c)		
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART 1(o)
The law ratending has been se as the h priar ta	CERTIFICATION	190 DATE OF OPERATION 19b. CONDITION FOR WHICH		20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
The ir att		ZTO. ACCIDENT WAS UNDERLYING [216 TIME OF IN.	YES NO S	er noture of injury in Port 1 or Port 2, Item 18.)
YSICIAN: aspital ar certificate thed far ust. af Heall	₹	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. N (If either, notify medical examiner) P.M.	Ionth Doy Yeor	
ATENDING PHYSICIAN: etained by the haspital or CTOR. After this certificate shauld be detached far uith the State Dept. of Hea	MEDI	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT I While Not while of work	HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. N ICE BUILDING, ETC.	ta. City or Town County State
IDING I by ti After I be d	П		ed the deceased from 2 - 4, 19	68. ta 1-10, 1965, that (1) (we) last pinian death accurred an the date and havr and from the
TENC ined OR: A auld	L	causes stated abave, (I) (we) (did) (dia	inot) view the bady after death.	pinian death accurred an the date and haur and from the
OR AI OR AI DIRECTO	L	22b SIGNATURE Chirchy	M- DEGREE PHYS.	MED. STAFF 22c. DATE SIGNED 22 - 10 - 68
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the		22d. PHYSICIAN'S R.C. KIRCHA	22e, ADDRESS	11 A 77 A(A
10SP Je 4 UNE ector auld	230		23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION (City or Town) (County) (Stote)
101 101 101 101 101 101 101 101 101 101		BURIA., CREMATION, 23b. DATE PEROVAL (Specify) FEB. 13 1968	CEDAR HILL CEMETERY	SUITLAND, MARILAND
VR A15 (4) 30M REV, 1/68	24.	UNERAL DIRECTOR WOLLOW M. 74/2	OVA ADDRESS WASH. D.C. 250. REED	B REGISTRAR 196 SP REGISTRAR'S SIGNATURE
30M KEY, 1/68		YSONG FUNERAL HOME-	1300-N ST. N.W. DATE	K.F



<u>1</u> 1	1	Ttem 2a Fibrusion of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		2/29/68 kg 2S15 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2901
HEALTH DEPT.		DECEASED-NAME First Middle Last 2a DATE KNOWNO Month	Day Year 25 HOUR
33 to Sage		Elizabeth HANNAh Smith DEATH MATED = 2	16 1968 M
delay ond 3 M3. Pa	3. S	INST BITTHON MONTHS DAYS MOVES M.N.	Year 2d HOUR
E 2 - 2		EMALE White Sept. 12, 1886 8/ YRS FEBRUARY 16	1968 6 AM
The state of the s	(00°		Y Mo
death Prith J	16.	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspita 12a USUAL OCCUPATION (Kind of work done 4 continued)	2b KIND OF BUSINESS OR INDUSTRY
2 2 4		USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CIT	
hours after tem 6. On Office alang and with the		odmission) STATE MARY LAND 136 COLUMN PRINCE GEORGE HYAHSVILLE YES NO 1630 Sherio	LAN ST.
haun Item Office Jand	14. [ATHER'S NAME First Middle Yast IS MOTHER'S MAIDEN NAME First Middle	Last
	16-	HENRY BARbee HANNAK	SHANE
I within 24 n pencil in Examiner's File pages n 72 haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (es, RO, Or unknown) (If you give wor or dates of service) 579-28-83/3 DAAGHTER: RERNADINE MORELA.	13 Bolode
d with personal Example 1. File in 72	-		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed nding" r Medical I permit.		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) (b) and (b) or orders the following the content of the content o	anca,
rold be executed rord "pending" n ne Chief Medical E: al-transit permit. F any event within		Conditions if any, which gave) DUE TO, OR AS A CONSEQUENCE OF	
word " the Chie rial-tran		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	vage
Short and		lost. (c)	1
e = − = e		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
certificat , writing arwarded arwarded used as c moval, or	HON	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
	CERTIFICATION	WAS PERFORMED?	YES NO
		216 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 11 THE OF INJURY Manth, Day Year PORT OR CONTRIBUTING 12 THOUR A.M.	em IB.)
NER: The certification is certificated by iles, should should at on, or	MEDICAL	CAUSE OF DEATH P.M. 19	
EXAMINER: cute the certifage 4 shauld regard files. It should the certific regard files. It should be compared to the compared to the compared files.	~	21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.) AT WORK AT WORK	County State
5 5 0 00		220. I certify that stack charge of the remains described above) held an Autapsy , Inspection , Inquiry	and in my opinion
LoiCAL Elease exect director. Po etained for DIRECTOR:		death resulted fram. Natural causes Accident Suicide , Hamicide , Undetermined manner	
DEPUTY COIC. ressary, please e funeral director may be retained FUNERAL DIRECT		ACTUAL CHIEF MEDICAL EXAMINER 22b DATE 22b DATE	FICHER
ury, lary, l		SIGNATURE AND ACTION OF THE PROPERTY OF THE PR	11/10/0
necessary, plane funeral of say be re ro Funeral if Health prior		NAME (Type) BELDEN K. SEAP 14. DIDDERS SEED TO DENTY.	6/1708
10 10 10 10 10	230	DURIAL CREMATION, 23D DATE 23C. NAME OF CREMETER OR CREMATORY 23D LOCATION (City or Town)	(County) (State)
	24-	FUNERAL DIRECTOR 1968 MAINT ONVET (FMETGEY WASHINGTON DT. ADDRESS OC 250. RECO BY REGISTRAR 256 REGISTRAR 250 REGISTRAR	SIGNATURE
VR A15ME [5]	R	MALDI TWEER HOME IN 1401 GENERIO AUG N.W 20072 DATE EER 19 1968 /CHO	res from



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





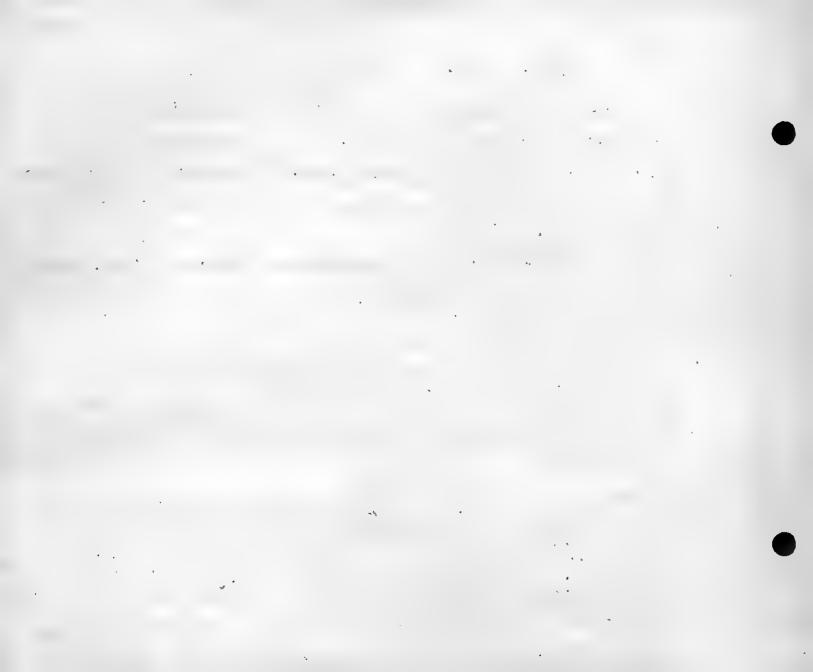
and the same of th	1	MARYLAND STATE DEPARTMENT OF HEALTH	
	U	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	2394
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		DECEASED NAME (Type or Print) JOHN COOPER SYNDERY Snyder 20 DATE KNOWN Month Day 0F ESTI DEATH MATED F 15	1/
ny delay 2 and 3 2 pm 8 Po 2 parment		SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 20 DATE PRONOUNCED DEAD Months Cays Hours Min Coy	Year 1968 8. A.M.
		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH JOHN MARY LAND U. S. WIDOWED DIVORCED MONTE GOMETY	
Give Pages ang with for th the State	10.	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital life, user if retired) 12b. The property of working life, even if retired) 12b.	KIND OF BUSINESS OR USTRY
hours ofter death Item 18 Give Pagi Office along with Tand 2 with the Sta after death	130	US.A. RESIDENCE (Where deceased I ved, if institution: Residence before 13r (ITY OR TOWN 3d INS DE CITY IS 13e SHELL AND NOTICE FOR TOWN	ut 5t.
hours ofter frem 18 Gr Office olang 1 and 2 with after death		odm ssion) STATE Maryland Montgomery Lost Is MOTHER'S NAME First Middle Lost Is MOTHER'S NAME First Middle	ET-PAC
24 hours in Item It i's Office is Land 2		John M. Snyder Ann Cooper	Lost
f within 24 in pencil in Examiner's File poges in 72 hours		(Yes, no, or unknown) (Il yes give wor or dates of service) Unknown John M. Snyder Same as Itel	n 16.
- w w _		18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)) PART I DEATH WAS CAUSED BY IMMICDIATE CAUSE (b) Short Burn wound of Sund self in flate!	APPROX MATE INTERVA. BETWEEN ONSET AND DEATH Sudden
should be executed in word "pending" in the Chief Medical Sound-transit permit.		Conditions, if any, which gove is to immediate rause (a) (b)	
shauld e word the (ourral-tr		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
ficate ing the ded to as a b		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
INER: This certificate should be forwarded to files. 3 should be used as a b action, or removel, and	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO (SK
R: Thi critificational culd be outd bo	CAL CFRI	210 EXTERNAL CAUSE WAS PRIMARY OF OR CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH 210 TIME OF INJURY Month, Day, Year HOUR A.M. 20384 746 8 19 68 5 hat self in head with shat que	18.)
	MEDICAL		aunty State
L EXAM ecute th Page 4 or your or your R: Page		while at work I have building, etc.) 22a. I certify that I took charge of the remains described obove, held on Autops Inspection In	ond in my opinian
olease exe director. P stained fo DIRECTOR		death resulted from Natural causes, Accident, Suicide, Hamicide, Undetermined manner	, ,
Ty, please y, please srol direct be retaine tal Direct prior to prior to la		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 226 DATE SIGN	
SSOT SSOT Fune By b	P	EXAMINER'S NAME (Type) JOHN G. BALL DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or country) Bethesda	8,/968 Md.
TO DI the S m	23: P.		unty) (State)
1	24	FUNERAL DIRECTOR ADDRESS 2 250 RECE BY REGISTRAR A GISTO REGISTRAR'S SIGN	
VR A15ME (5	$\langle $	OBERT A. PUMPHREY, Bethesda, Maryland DATE FEB 14 1505	Marie Cara



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2960 CERTIFICATE OF DEATH 1. DECEASED NAME Middle Last 2g DATE OF DEATH death (Type or print) Month Day 3. SEX IF UNDER 24 HRS 4. RACE DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR last burthday) MONTHS DAYS HOURS 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED [] NEVER MARRIED! WIDOWED IX DIVORCED cencer Done 12a, USUAL OCCUPATION (Kind of work dane 10. CITY-OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (if not in hospital) 12b-KIND OF BUSINESS OR requires that the death certificate be executed within. 71. Herenduring mast of warking life, even threfired.) INDUSTRY please remove carbart 1002 and in any event. 13a USUAL RESIDENCE (Where deceased based) institution. Residence before 13e STREET AND NUMBER NO F 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Katherine Allen Louis harles GMGAON 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, nayor unknown) (If yes give war or dates of service) ar removal, 18 CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c) ETWEEN ONSET AND DE PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) permit. DUE TO, OR ASTA CONSÉQUENCE O Canditions, if any, which gave) burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Lean PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT SPLATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the this certificate has been 20a, AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗌 NO 🗌 far use 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Marth Day Year P.M. (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this hospital) attended the deceased from 11 lac to 1215 19 6 ond that (my) (oor) opinian death occurred on the date and hour and from the sow the deceased olive an Page 4 may be retained couses stoted above. (1) Level (did) (did not) view the body ofter death. SIGNATURE 22c DAJE SIGNED ATTENDING STAFF PHYS. director, pay DEGREE DIRECTOR O HOSPITAL 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d LD(ATION (City or Town) 23g BURIAL CREMATION 23b DATE 230 NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) Baltimore, Har land Loudon ark Cemeteru 2So, REC'D BY REGISTRAR DATEEB 30M REV 1/68 Mid. Silver Onnico.

MARYLAND STATE DEPARTMENT OF HEALTH







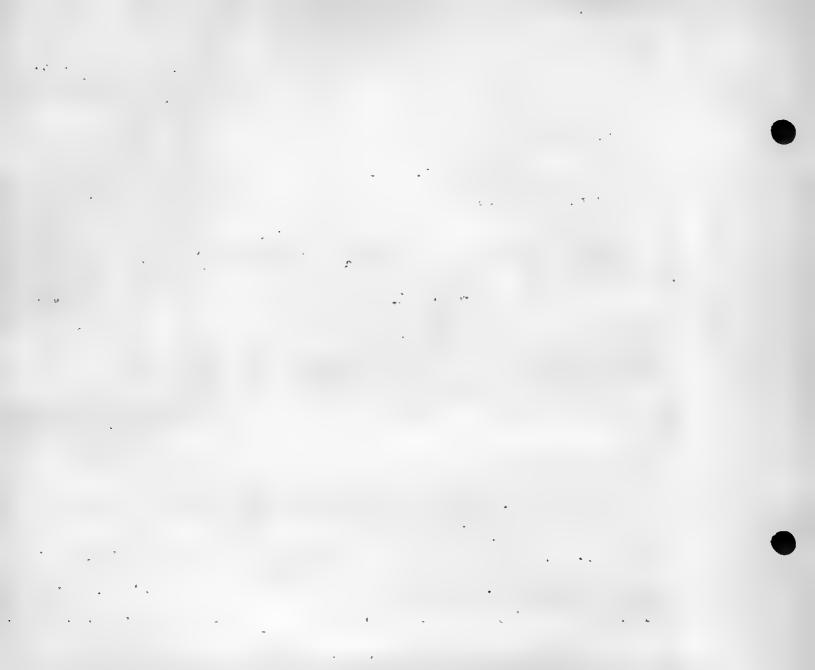
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2894 CERTIFICATE OF DEATH **DECEASED-NAME** Middle Lost 2o. DATE OF DEATH 2b HOUR death and (Type or print) Steele after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Jost birthday) HOURS YRS far use as the burial-transit permit. Then please remove carban papers. Nog Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs requires that the death certificate be executed within 24 haurs 70 BIRTHPLACE (State or fareign 76 CITIZEN OF WHAT COUNTRY? . COUNTY OF DEATH MARRIED NEVER MARRIED = DIVORCED [WIDOWED Dontemera filled 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give-street address) during most of working life, even if retired.) INDUSTRY and completely es da 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN L3d. JUSIDE CITY LIM 15? 13e STREET AND NUMBER 13b COUNTY YES 🗀 NO T marsland 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) (If yes give wor or dates of service) STEELE - WIFE IAMES APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line-PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE O signed by the c burial-transit p Conditions, if any, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CERTIFICAT CAUSES OF DEATH? YES 🗀 NO F Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate structor, page 3 shauld be detached far us should be filed with the State Dept. of Healt 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov (If either, notify medical examiner) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY. \ 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Nat while at work 22a. I **certify** that (I) (this haspital) attended the deceased from 2, 19, 19, 65, to 726, 22, 19, 68, that (I) (we) last saw the deceased alive an 19, 67, and that in (my) (aur) apinion death accurred an the date and haur and from the couses stated abave, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c DATE SIGNED DIRECTOR PHYS 22d. PHYS (IAN S NAME Uype) 23a BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Carver Beltsville. Maryland 24. FUNERAL DIRECTOR **ADDRESS** 2So REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Thomas W. Ernest Jarvis Co. 1432 You Street, N.W. 1/68

• ×r. . ., •

 $\xi_{i,\frac{1}{2}} \Phi_{i,i}$

. 1		MARYLAND STATE DEPARTMENT OF H		
	DIVISION OF VITAL	RECORDS, 301 W. PRESTON STREET, BALTI	MORE, MARYLAND 21201	9 . 11
		CERTIFICATE OF DEATH		
- [DECEASED NAME First (Type or print)	Middle Lost	2a. DATE OF DEATH Month Day	Year 5 7 0
J.	SUE P.	STEVENS	FEBe 7. 1968	0:38
	Female White	S. DATE OF BIRTH Nov. 15, 18	iest birthday) M	IF UNDER 1 YEAR IF UNDER 24 HRS IGNITHS DAYS HOURS MIN
ŀ			70	
lj	BIRTHPLACE (State or foreign unity) Laryland U.S.	NTRY? 8 MARRIED NEVER MARRIED DIVORCED DIVORCED	Montgomery	N
1	CITY OR TOWN OF DEATH 11. NAME OF I	OSPITAL OR INSTITUTION (If not in haspital 12a USUA)	L OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
اار	Chevy Chase Beth.	Sil.Spr. Nussing H.	st of warking life, even if retired) Housewife	INDUSTRY
1	USUAL RESIDENCE (Where deceased lived, if institution: Res	Idence before 13c. CITY OR TOWN 13d INSIDE CITY UN	13e STREET AND NUMBER	
-[0	mission), STATE Maryland Montgome	rv Bethesda YES NO	□ 5114 Hampder	n Lane
Ī	. FATHER'S NAME First Middle	Last IS MOTHER'S MAIDEN NAME FIL	rst Middle	Last
1	Samuel Phillips	Sarah S	tafford	
Г	a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. oc. unknown) (If yes give wor or doles of service)	CIAL SECURITY NO 17. INFORMANT Daug		т. э-
L	Yes, na. ocunknawn) (If yes give wor or doles of service)	Unknown Mrs. C.H.Ken	ton Same as	
Γ	18. CAUSE OF DEATH (Enter only one cause per line for (c	i), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Failure of the cerculation		Lew menutes
-1	4/29 DUE TO, OR AS A COL	ISPOUENCE OF A A A .		Ŷ
	Canditians, if ány, which gave (b) Q1	Brosclown Lear disesse		20 years
	stating the underlying cause DUE TO, OR AS A COL			20 year.
П	last (c) /25	needyd aroundaish		1 year.
1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCO	ONDITION GIVEN IN PART 1(a)	
1	4.			
ı	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPE		20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	ISIDERED IN CERTIFYING
	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPER	YES NO 🔀		
		21c HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2, Ite	m 18.)
	(If either, natify medical examiner) P.M.	19		
	While Not while of work of work	, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No.	· ·	County State
	22a. I certify that (I) (this haspital) attended saw the deceased alive an	the deceased fram 12-4, 19 G	Z, ta 2 - 7, 19 G	, that (I) (we) lo
	saw the deceased alive an causes stated above, (I) (we) (did) (did no	19 0 , and that in (my) (aur) apir	nian death accurred an the date	and have and fram t
l	22b SIGNATURE	it) view the bady after death.	22c DA	TE SIGNED
ı	10 SIGNATURE / E/ When	DEGREE PHYS. DE DI	ED. STAFF PHYS.	2-8-60
l	22d. PHYSICIAN'S		00 Jenifer St.	`
	NAME (Type) K. HAMMOND MIS	H Wa	shington. D. C	
E	g. BURIAL CREMATION, 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		(Caunty) (State)
ľ	REMOVAL (Specify) Burnal 2-10-68	Sudlersville Cem.	Sudlersville,	, ,,
-	FUNERAL DIRECTOR	ADDRESS 2So REC D BY	REGISTRAR 2Sb. REGISTRAR'S SI	GNATURE
Ī	OBERT A. PUMPHREY, Bet	hesda, Maryland DATFEB	13 1000	





, 1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	গু এ
		CERTIFICATE OF DEATH	2 /
death.		DECEASED-NAME First Middle Last 2a. DATE OF DEATH (Type or print) 52, 22 /2 Catherine Steel 2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /468	26. HQUIS
2 - b	3. SI		UNDER 24 HRS. DURS MiN
24 how d in Sy pers 72 hou	OU	BIRTHPLACE (Stote or foreign of foreign Unitry) Md - LL J. A. WIDOWED DIVORCED WIDOWED THOUSEN	Mc
olomety file corbon pa entry within	7	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast at warking lite, even if retired.) 12. USUAL OCCUPATION (Kind of work done during mast at warking lite, even if retired.) 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast at warking lite, even if retired.) 12. USUAL OCCUPATION (Kind of work done during mast at warking lite, even if retired.)	INESS OR
campletery iave, carba	adm	o USJAL RESIDENCE (Where deceosed lived, if institution Residence before 13c. CITY OF TOWN) 13d INSIDE CITY AND NUMBER (13b. COUNTY) 13b. COUNTY (13b. COUNTY) 13c. STREET AND NUMBER (13c. CITY OF TOWN) 132/3 July 13c. STREET AND NUMBER (13c. CITY OF TOWN) 132/3 July 13c. STREET AND NUMBER (13c. CITY OF TOWN) 132/3 July 13c. STREET AND NUMBER (13c. CITY OF TOWN) 13c. S	5%
be execut n and cam e remave,		FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME FIRST Middle CZ 57	Last La_
tificate shysiciai ■ pleas val, and	160	(II) yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17 INFORMANT FY ZINCES TOCOTHINE.	
e death certificate b attending physician permit. The please an, or remaval, and i		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) IMMEDIATE CAUSE (o) PROX.MATE	
t the death the attendii sit permit. nation, or re		Conditions, if any, which gave	
Page 4 may be retained by the hospital ar attending physician. To FUNERAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours attended 4 may be retained by the hospital ar attending physician and campierty filled in formal director, page 3 shauld be detached far use as the burial-transit permit. The please remays, carbon papers Pages shauld be filled with the State Dept. at Health priar to burial, cremation, or remayal, and in any event, within 72 hours after the state Dept.		rise to Immediate couse (a), stating the underlying couse (b). DUE 10, OR AS A CONSEQUENCE OF (c).	
	×	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
	MEDICAL CERTIFICATION	19d. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES NO CAUSES OF DEATH?	FYING
		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year F.M. 19	
	¥	While Nat while at work at work	State
		22a. I certify that (1) (this haspital) attended the deceased from	(we) las d fram th
		226. SIGNATURE GEORGE Stenton, MD DEGREE PHYS. MED. DIRECTOR DIRE	58
SPITAL 4 may IERAL ar, pag d be fil		22d. PHYSICIAN'S () NAME (Type) George . Kenton 22e. ADDRESS Rockville. Md.	
TO HO Page TO Fun direct shaul		REMOVALITY 2-17-68 St Marys Petersville. Frederic	State) CK Mil
VR A15 (4) 30M REV 1/68	24.	FUNERAL DIRECTOR Ernest Cartner ADDRESS thersburg. Mass REC'D BY REGISTRAR 256 REGISTRAR S SIGNATURE DATE FFR 19 1968	-

. • 5

	DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BALTIMORE, MARTLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	251.1
HEALTH DEPT.	1 DECEASED-NAME First Middle Lost 2a. DATE KNOWN Month D	dy Yeor 26 HOUR
200	(Type of Print)	26 1968 949
ay is 3 to 9 oge int of	3 SEX MALS 4 RACE S DATE OF BIRTH 6 AGE (In yours IF UNDER LYEAR 4 UNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
delay and 3 M3. 60	AMONTHS DAYS HOURS MIN Month Day	Year ,68 945
Sart Par		1900
De B	(quintp) ()	
for for	Country W. Va US WIDOWED DIVORCED MENLEYON	cry M
death ony delay ve Pages 1, 2, and 3 vith form PM3. The State Department		26 KIND OF BUSINESS OR SUBJECT OF
r de ve the	Chuly Many, Den, 100 p. Drich Janes	Durpling
s after 18. Give s olong 2 with th death.	13a USUAL RESIDENCE Where deceased lived, if institution: Residence before 13c CITY OR TOWN 3d/MSIDE CITY LM.152 13e STREET AND NUMBER admission) STATE	/
2 e o e o de	DHIPPENSBURE NO 16/ W. KINC	5T, /
hours after death tem 18. Give Pag Office olong with 1and 2 with the Staafter death.	14. FATHER'S NAME First Middle (Josh) IS MOTHER'S MAIDENCAME First Middle O	lost
4 = 2	I star of stotles I vertile Bohrer	
hin 24 nicil i≣ n ner's poges hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? [166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
	(Yes, na, ar unknown) (Hyes grow war of dataport service)	
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROX MATE INTERVA.
d be executed of pending in Chief Medical E fronsit permit. Fy event within.	DADT 1 DEATH WAS CARRED BY	BETWEEN ONSET AND DEATH
din	IMMEDIATE CAUSE (a) Bilateral Bronchorneumonia with	
be expending the pending the p	OUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave)	
Chief on we want	use to immediate cause (a) (b) 1 45, 110 Only Chie	
should e word to the Ch wriol-fro	slating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
	lost	
2 to 0 2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ifica ifing orde ol. c	Pulmonary Emphysema	
its certificate, writing forword as used as remaval,	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
his are, or for the form	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 210 T ME OF INJURY Month Day, Year 210 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	YES X NO 🗆
Thi first I be Id be ar r	216 T ME OF INJURY Month Day, Year 216 HOW HIJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item PRIMARY OR CONTRIBUTING OF HOUR A.M.	1 18)
vertification of the state of t	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M 19 21d NJURY OCCURRED 21e PLACE OF NJURY (A) home, form, street, 21f LOCATION Street of R.F.D. Ng City of Town	
S S S S S S S S S S S S S S S S S S S		Caunty State
EXAMINER: ute the certi- age 4 should your files. Poge 3 should , cremotion,	WHILE NOT WHILE factory, office building, etc.)	
	22a I certify that I took charge of the remains described obove held an Autopsy X Inspection X Inquiry X	ond in my opinion
A % L + 0 +		_ ' '
leose edirecto		
dire dire	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	
ry, ple erol d'erol d'erot prior	SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	SNED
DEPUT ressony e funer moy be FUNER	EXAMINER'S D DEPUTY MEDICAL EXAMINER 2	11910
ro DEPUTY necessory, the funerol 5 moy be in ro Funeral	NAME (Type) BELDEN X. REAP M. DADDRESS STATISTICS OF STATI	1160
10 He He	23d BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (C	(ounty) (State)
	Divini 3/ 168 Greenway Berkly him	in, Wiva
	24 Mineral D RECTOR W Keeker ADDRESS () 250 REC D BY REGISTRAR 10 SH AND SIG STRARS SH	NAME WAS TO BE
VR A15ME (5) 10M REV 1768	1331 Rot birt le lake Not Bertle MAR 4 1900	9. 8

1 top 10 / 22 Illm 390 MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02914 CERTIFICATE OF DEATH 2b HOUR DECEASED NAME First Middle Last 2a. DATE OF DEATH deoth. (Type or print) Month Madeline Stouffer Virginia February affer SE UNDER YEAR 3 SEX 4 RACE S DATE OF BIRTH 6. AGE (In years lost birthdoy) HOURS 29 May 1923 White Female the attending physicion and completely filled in by first permit. Then please remove corbon papers. Pagenation, or removal, and in any event, within 72 hours requires that the death certificate be executed within 24 hours 7c. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED KI NEVER MARRIED 9, COUNTY OF DEATH (ountry) Maryland WIDOWED I DIVORCED Montgomery 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR The Clinical Center, NIH during most of working life, even if retired.)
Bench Worker Leather Co. Bethesda 13a LISUAL RESIDENCE (Where deceased lived, if institution: Residence before 1/3c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES X NO 8 East Chestnut Street Jashington` Funkstown cremotion, or removal, and in any 14. FATHER S NAME Middle First Middle Last 15. MOTHER'S MAIDEN NAME First Last Holliday John Ruth Nora 16b. SOCIAL SECURITY NO. 17. INFORMANT The Medical Records Address Bethesda. Md. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 219-14-8315 The Clinical Center. National Inst. of Health. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (o) Malignant BETWEEN CINSET AND DEATH signed by the attendil burial transit permit. Malignant Melanomatosis 6 months DUE TO, OR AS A CONSEQUENCE OF Conditions, it ony, which gove nse ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior to b Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [X] ed for use of Health p NO 🗍 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2 Item 18.) 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while of wark 22a | certify that (4) (this haspital) attended the deceased from 7 February, 1968, to 9 February, 1968, that (4) (we) last saw the deceased alive on 9 February 1968, and that in (2004) (aur) appropriate the deceased and have and hour and from the couses stated above, (A) (we) (did) (did/min view the body after death. 22c. DATE SIGNED 22b SIGNATURE MED. DIRECTOR director, page 3 should be filed v 10 February 1968 MD DEGREE PHYS. 22d. PHYSICIAN'S ne. ADDRESS The Clinical Center. National NAME (Type) Harold R. Gertner, Jr., M.D. Institutes of Health, Bethesda, Maryland 23d. LOCATION (City or Town) 230 BUR AL, CREMATION, REMOVAL (Specify) 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) 23b. DATE 2- 13- 68 Cedar Lawn Men. Park. The Hagerstown Md
ADDRESS 250. RECD BY REGISTRAR 250, RECHTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 5 30M REV, 1/68 John H. Bast, Jr. 112 N. Main St. Boonsbore, Millale

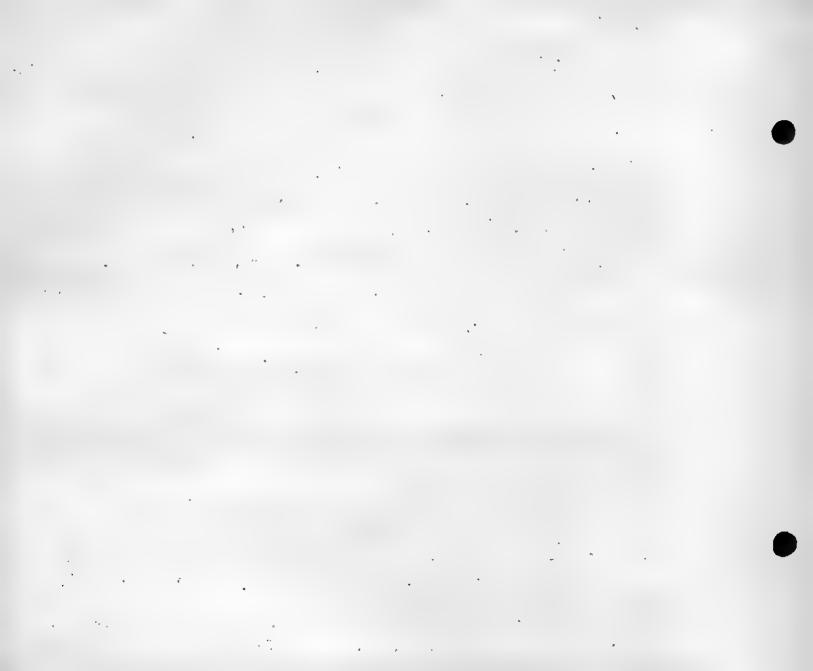


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. DECEASED-NAME First Middle Last 20. DATE OF DEATH (Type ar print) Magth A twell Percy Taylor hours after 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years last birthday) MONTHS DAYS 2/15/681900 White Male 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Albamoro Co filled in USA Montgomery County WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) Holy Cross Hospitaling most of working life, even if retired.)
Retired Reporter **JNDUSTRY** // Silver Spring please remove corbon 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 6414 20th Ave W. Hyattsvill 13d INSTOE CITY LUMITS? requires that the death certificate be executed admission) STATE Maryland 13b. COUNTY Prince Georges Hyattsvilde NO F and in ony 14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Maddie Mattie Edwards WanRiley Taylor 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, never unknown) 220 44 1964 Mrs. P A Taylor 6414 20th Ave W Hyattsville cremation, or remava IB. CAUSE OF DEATH (Enter only one cause per sine for (a)) (b), and (c).) BETWEEN ONSET AND CEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) use as the loth prior to b has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 No 🔽 this certificate 21a. ACCIDENT WAS UNDERLYING 23b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year be detached State Dept. of (If either, notify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. City or Town County State While Not while of work 22a. I certify that (I) (this hospital) attended the deceased from 196 Y, and that in (my) () apinian death accurred an the date and haur and from the saw the deceased alive an ... causes stated abave, (1) (we) (did) (dieset) view the bady after death. 22b. SIGNATURE 22c DATE SIGNE ATTENDING STAFF PHYS. director, page 3 should be filed v DEGREE DIRECTOR . 27d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Francis X. Richardson M.D. 11412 Veirs Mill Road, Sil. Sprg. Md. 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a, BURIAL, CREMATION. (County) (State) REMOVAL (Specify) Port Pincoln Comptery Prince George Co 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURI VR A15 (4) \(\) 30M REV 1/68 いいかかトロリ inc.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 UN916 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2a. DATE OF DEATH 26 HOUR (Type or print) Month Year 3. SEX 4. RACE DATE_OF BIRTH IF UNDER 24 HRS. 6 AGE (In years IF UNDER YEAR last birthday) CIAYS HOURS 70 BIRTHPLACE (State or fareign 9 COUNTY OF DEATH 7b CITIZEN OF WHAT COUNTRY? MARRIED M NEVER MARRIED WIDOWED X DIVÓRCED [buriol, cremation, ar removol, and in ony event, within 72 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during mast of working life, eyen if retired.) give street address? INDUSTRY remove corbon completely INDUSTRY 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e. STREET AND NUMBER 13c CUTY OR TOWN 13d. INSIDE CITY LIM TS? requires that the death certificate be executed admission) STATE 13b, COUNTY NO 17 14. FATHER'S NAME First Middle IS MOTHER'S MAIDEN NAME First Middle puo 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17_INFORMANT Address Yes, na. ac unknown) 5 000 offending p APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line far-fa), (b), BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A the Canditians, if any, which gave) signed by the buriof-transit rise to immediate cause (a), DUE TO, OR AS AZCONSEQUENCE OF stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **IO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO 🔀 4 may be retained by the hospital or 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at work 22a I certify that (I) (this hospital) attended the deceased from 1968, and that in (my) (our) opinion death occurred on the date and have and fram the saw the deceased olive an... causes stated above, (I) (and (and) (did not) view the body ofter death. 22b/SIGNATURE 22c DATE SIGNED **ATTENDING** STAFF *DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, 23b. DATE (County) FUNERAL DIRECTOR VR A15 (4) ⁴ 30M REV, 1/68





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0233 9 3 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20 DATE OF DEATH 2b HOUR signed by the attending physicion and completely filled in by the tuneral burial-tronsit permit. Then please remove carban papers. Pages 1 and 5 burial, cremation, or removal, and in any event, within 72 hours office death (Type or print) February 9 Doy Thomas 68 Year Edward THRASHER 1005Pu Jr. after 3 SEX 4. RACE S. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. 6 AGE (In years lost birthday) Male Caucasion 27 August 1887 requires that the death certificate be executed within 24 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED [X] NEVER MARRIED [7] country United States WIDOWED [7] DIVORCED [7] Montgomery County
126 USUAL OCCUPATION (Kind of work done 12 10 CITY OR YOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR during most of working life, even if retired)

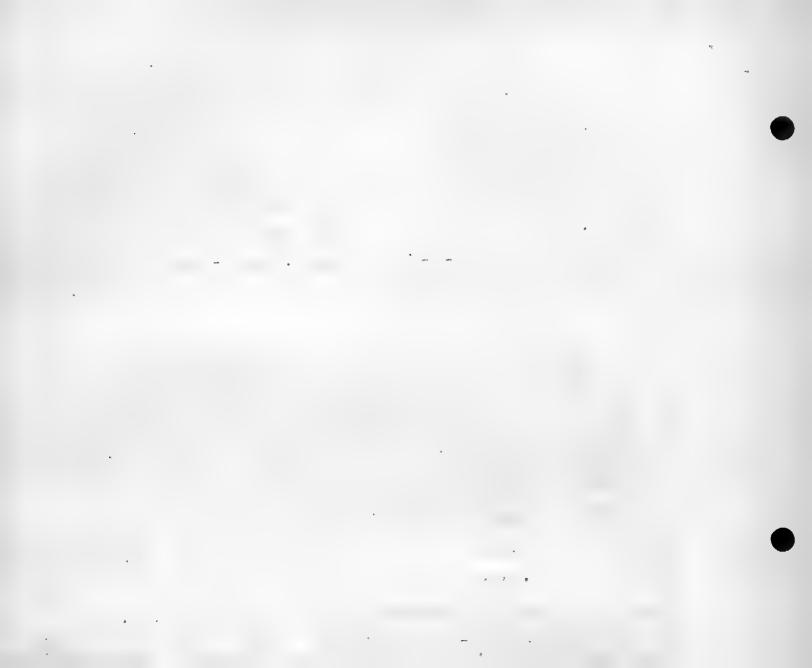
U.S. Marine Corps

USDE CITY LIMITS? 13e STREET AND NUMBER give street address? INDUSTRY Bethesda Naval Hospital

130 USUA RESIDENCE (Where deceased lived, if institution Residence before 132 CITY OR TOWN Military 13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY YES V NO 🗌 Washington 2100 Mass. Avenue 14. FATHER'S NAME First 15. MOTHER'S MAIDEN NAME First Middle Lost Middle Lost Ediza A. Deats THRASHER Thomas Edward 16b. SOCIAL SECURITY NO. 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) [If yes give wor or dates al service) WWI AND WWII 070-14-7945 Mary THRASHER, 2100 MASS. AVE. WASH. D.C. APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (6) CARCIENOMINA OF THE LUNG DISCEMENATED DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 moy be retained by the hospital or attending physicion. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) **IO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to 19o, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO [21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Manth Dov Year P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not while of work 220. I certify that (f) (this hospital) attended the deceased from 26 DEC , 19 67 , to 9 FEB , 19 68 , that (f) (we) lost saw the deceased alive an 9 FEB 19 68 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED DEGREE 10 FEB1968 DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS KINEY NAME (Type) NAVAL HOSPITAL, BETHESDA, MD. 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23b DATE (County) (Stote) CREMPARESTON Y Cedar Hill Crematory Suitland -Maryland 2/12/1968 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE VR A15 (4) " JOSEPH GAWLERS 5130 WISCONSION AVE. WASH. D. ONE FEB 30M REV. 1/68

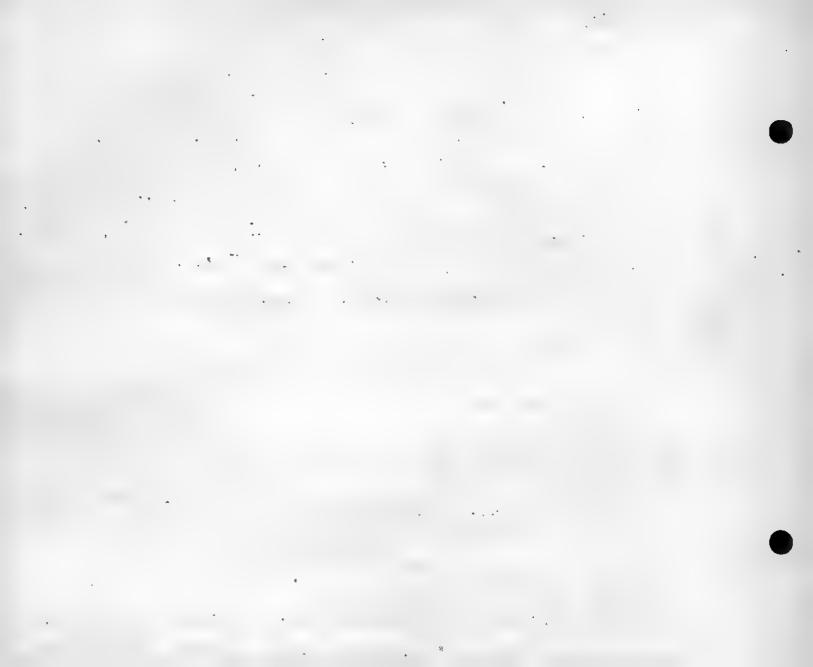
4. **

2	Items#5, 6, 13DIVISION OF WITH RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	· 12 60 , = 84
HEALTH DEPT.	1 DECEASED NAME First Middle Last 2a DATE KNOWN Month [Day Year 2b HOUR
(The B	(Type or Dept)	2 1968 8 4ªM
多	3 SEX 4 RACE S. DATE OF BIRTIL / 6 AGE (In years I F UNDER 1 FEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
THE PARTY OF THE P	M. W- 8+18/46 as birthday Months DAYS HOURS MIN Month Day 5	Year 1968 1/ CM
2, 2 P	70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	17 41 9 100 1 10011
- E &	COUNTRY) Maryland US WIDOWED DIVORCED Mentgonicity	M
ges of to	IN CITY OR TOWN OF DEATH IN NAME OF HOSPITA, OR INSTITUTION (4 pot in hospital 12g., Sha, OCCUPATION (Kind of work done 1)	26 KIND OF BUSINESS OR
offer death 8. Give Poges along with for with the State	Whites Fairy give street oddress) Tec River - during such denting life even if retired)	School
Give ng h th	130 USUAL RESIDENCE (Where deceased fived, if institution, Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER	
haurs ofter death the hy delay litem 18. Give Poges 1, 2, and 5 Office along with form PMS Poger 1 on 2 with the State Deportment after death.	admission) STATE Med. 13b. COUNTY Montgomery Rockville YES NO 107 Virginiz	ave-
haurs Item 1 Office Iond 2 after (14 FATHER'S NAME First Middle Last 15, MOTHER'S MAIDEN NAME First Middle	Last
af F	Everett A. Trumbo Mary Coate	
thin 24 mod in miner's poges 1	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS	
within pencil xamine ile pog	(Yes, no, or unknown) (If yes give war or dates of service) 220–48–6444 Everett A. Trumbo –Item # 13	
كا ثن س		APPROXIMATE INTERVA.
iffinition in the second secon	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a)	BETWEEN ONSET AND DEATH
be executed "pending" ir iref Medical insit permit. I event within	DUE TO, OR AS A CONSEQUENCE OF) 1/144
e e e pen ef A ef A sif	Conditions, if any, which gove	
d b d b	rise to immediate cause (a), (b)	
should be en word "pel to the Chief burial-transit	stoling the underlying couse DUE 10, OR AS A CONSEQUENCE OF	
- S o o o o o o o o o o o o o o o o o o	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND TON GIVEN IN PART 1(b)	<u> </u>
This certificate should icate, writing the word be forwarded to the Cl de used as a burial-tr or removal, and in any	1571	
certifi orward used c	196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
forv forv us	WAS PERFORMED?	YES NO X
This icate, be for the formula	21a. EXTERNA. CAJSE WAS 21b TIME OF IN. JRY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of rigury in Part 1 or Part 2, Iten	
* 5 - 5 .	A STATE OF THE PROPERTY OF THE	
INE short files 3 sh ortic	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No City or Town -	County State
EXAMINER: ute the certificate	AT WORK AT WORK Policy affice building, etc. Pina _ Whites Ferry Potinize - Riv	
그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	220 certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry	
ICAL By Executor Programme For CTOR: buriot	death resulted from: Notural causes, Accident Suicide, Homicide Undetermined monner	
Se ectorine con pose		_
y, please y, please rol direction e retaine AL DIREC	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 226 DATE SI	GNED
JTY TY, erol be pri	DEDITY MED CALEVAMATED 47	1 5,1968
DEPUTY DICAL E ecessary, please exect ne funeral director Po may be retained for FUNERAL DIRECTOR: ealth prior to burial	EXAMINER'S NAME (Type) John G. Ball ADDRESS(Street, city, town, or county)	7
ro DEPUTY necessary, the funero 5 moy be ro Funeral		Caunty) (State)
	D. REMOVAL (Specify)	(31010)
12	24 EL NEDAL DIDECTOR	
VR A15ME ,51	Tyson Wheeler Funeral Home-1331 Rockville Pike 1 1400 7 1000 Office	Mas Judge
10M REV 1768	Rockville, Md.	

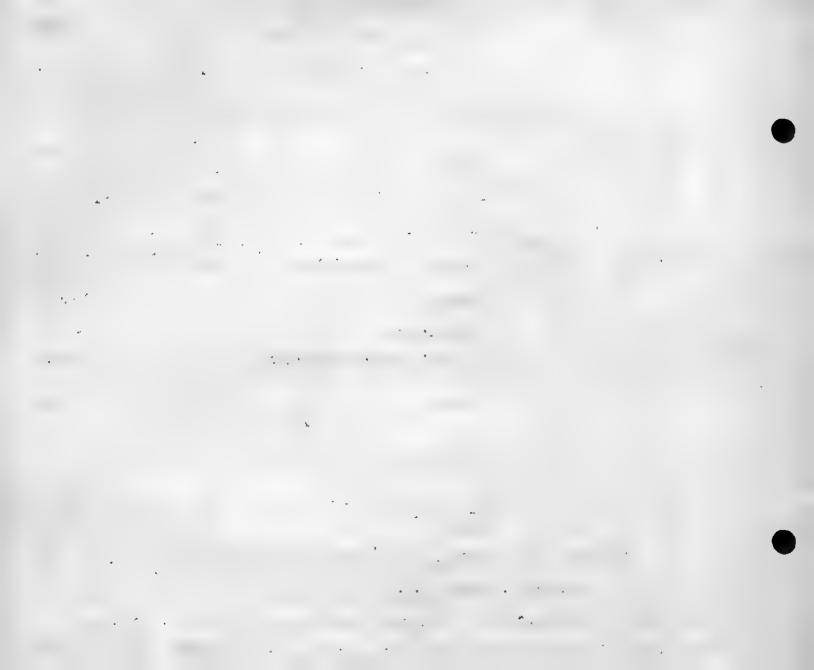




MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1920 CERTIFICATE OF DEATH DECEASED NAME Middle Last 2a. DATE OF DEATH 2b. HOUR death. equires that the death certificate be executed within 24 hours after death guq funeral (Type or print) Day Year BERT DEORGE TUTEM 3 SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6 AGE (In years last birthday) DAYS HOURS MONTHS ! WHITE MALE 7b CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED WIDOWED DIVORCED MONT GOME EMNA burial, cremation, ar remayal, and in any event, within 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION [Kind of work done 12b KIND OF BUSINESS OR give street address) during mast of working life, even if retired.) INDUSTRY PHX XA. ETHESDA OF RARD TRU 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b COUNTY YES 🗔 NO [14. FATHER'S NAME Middle 15/MOTHER'S MAIDEN NAME First IUTEM OFORGE TTERWORTH 16b. SOCIAL SECURITY NO. 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, na. or unknown) MARGARET APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) dissecting aneurysm, ruptured, thoracic and abdominal aorta DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Canditians, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/61 TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health priar ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T NO [4 may be retained by the haspital or 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Manth Day Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town State County While Nat while at wark 220. I certify that (I) (this haspital) attended the deceased from 2/10, 1968, to 2/14, 1968, that (I) (we) last saw the deceased alive on 12, 14, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady ofter death. 22b. SIGNATURE 22c. DATE: SIGNED: **ATTENDING** DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN/S O. DEAN NAME (Type) 1110 23g BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Burial (Specify) 2/17/68 Calvary Cemetery Charry Hill N. J. 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE VR A15 (4) 30M REV, 1/68 1968 Washington, D. OMFEB 19 Lee Funeral Home.



e + Ce _ - %



1 A 7 4,

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 20. DATE OF DEATH First 2b. HOUR deoth. (Type or print) Month PAHAME 3. SEX 4 RACE 6. AGE (In years DATE OF BIRTH IF LINDER 24 HRS. IF UNDER I YEAR Jost buthday) DAYS HOLRS hours YRS 7o. BIRTHPLACE (Stote or foreign 8. MARRIED X NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED [DROOKLINE 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress) during most af warking life, even if retired.) INDUSTRY SELF EMPLOYED burial, cremation, or removal, and in any event, 130 LSUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed YES 🔣 NO E 14 FATHER'S NAME 15' MOTHER'S MAIDEN NAME First 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT . Address (Yes) na, or unknown) (If yes give your or dates of service) attending p IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by the burial-tronsit p Canditions, if any, which gave ONARV rise to mmediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 205 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES DE NO [21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 215 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 220. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an 13. (C) 1968, and that it 1968, and that in (my) (per) apinion death accurred on the date and hour and from the be retained causes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR Del 22d. PHYSICIAN'S 22e. ADDRESS Ray Ave. 5009 G. ANGLE NAME (Type) Bethesda, Maryland 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 230. BUR AL CREMATION, (County) 2-14-68 Rock Creek Cemetery Washington, PUMPHREY, Bethesda, Maryland DATE FEB 19 24. FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68



	MARYLAND STATE DEPARTMENT OF HEALTH						
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
63		CERTIFICATE OF DEATH				02925	
MINE		CEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR	
de al de	(1	ype or print) John	A.	Walker	Month Day	128 M	
	3 SE	X	4 RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	
S of B		[1]	White	11/8/93	last b rthday) YRS.	MUNTHS DATS HOURS MIN.	
Page 1		RTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9. COUNTY OF DEATH		
25.50	CODI	"" Md.	US17	WIDOWED DIVORCED	Montgomery	Md	
executed within 24 and campletely filled tremave carban papel n any event, within 72		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OF	NSTITUTION (If not in haspital 12a USL	IAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR	
within tely fille ban po	5	ilver Spring	give street address)	ly Cross 1650 7737	nost of working ite, even if retired)	BUILDING.	
uted v amplete ve cark event,	3a	USUAL RESIDENCE (Where deceas	ed lived, if institution: Residence before	ITE 13c. CITY OR TOWN 13d INSIDE CTY	200	9MASCUS MD	
amp amp /	agmi	SSIGN) STATE /// D	13b. COUNTY ON TOOMER	Y DAMASCUS YES X 1		ELD RD	
se exected and contraction and	14. F	ATHER'S NAME First) Middle Las	1S. MOTHER'S MAIDEN NAME	First Middle	Last	
be n ar		BROAD	IE WAL	KER VALINOS	W.E.L.12ABETH.B	MOORE	
ne death certificate b attending physician permit. Then please ian, ar remaval, and i	16a.		MED FORCES? 16b. SOCIAL SECUR	a deal of	Address 5	100 MILLERY PARTIES	
rtific shys on p			- 5/8-1	8-566 MR. FREDERI	CK T. KOCH. CHM	PSPRINGS MD	
th certifi ling phy Then remava		18 CAUSE OF DEATH (Enter an	ly ane cause per line far (a), (b), and	(0.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3	
eath andii ar re		PART 1. DEATH WAS CAUSED . IMMEDIA	O BY: ATE CAUSE (c)	in Journ		6 mond	
atte an,		100x	DUE TO OR AS A CONSEQUENCE	OF		2.14	
the the sit p		Canditions, if any, which gave	Gales on	arlermonte	elem	IYR.	
that an. by th ronsil		rise to immediate couse (a) (stating the underlying couse(DUE TO, OR AS A CONSEQUENCE	OF //	AGO CARONIC	11/1/20	
quires physicic igned igned-rurial-rurial, c		last,	(a) CAENE	RACIZED BRO	THE CARGOSTIC CONTROLS TO	2-6/E2	
S - 25		PART 2 OTHER SIGNIFICANT COL	IDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART I(a)	1	
law re nding been s the iarta	2	47 - 7800	CINGET	705 HERES	FOILUCE XXY	PERTENSION	
te law trendii as bee as th priar	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WA		20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING	
두 한 후 항 표 /	RTIFI	Nova		YES NO			
ž P ta L a		216 ACCIDENT WAS UNDERLYING CAUSE OF DEAT			er nature of injury in Part 1 or Part 2,	ftem 18.)	
IYSICIA haspital certific ched fa pt. af H	MEDICAL	(If either, natify medical examination	ner) P.M.	19			
G PHYSICIA the haspital this certifical detached fa	2	2 d. INJURY OCCURRED 21e. While Nat while	PLACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.	, FACTORY.) 21f LOCATION Street or R F.D. N	a City or Tawn	County State	
5 + 0 -		at wark at wark				111	
tation of the state of the stat		22a. I certify that (I) (th	is hospital) attended the dece	eased from MORCH, 194	U, to 1-213 60 , 19	<u>Colif.,</u> that (I) (we) lasi	
R: A		saw the deceased a	e, (I) (we) (did) (did-not) view t	19 /, and that in (my) (our) as	oinian aearn accurrea an the ac	are and naur and tram the	
ATTER Straine CTOR: Shaul		22b SIGNATURE	A		22c	DATE SIGNED	
OR ATTEND be retained SIRECTOR: A e 3 should ed with the		8/4	01910,2	DEGREE PHYS.	MED STAFF DIRECTOR DIRECTOR DIRECTOR DIRECTOR	17/68	
ITAL OF may be RAL DIR		22d. PHYSICIAN S NAME (Type)		22e ADDRESS	4. 1		
ERA ERA ERA ERA ERA		NAME (Type) / DR	U-D STORE	18 4) 1352	· Hallexyldil	Bill C	
O HOSPITAL OR ATTEND Page 4 may be retained O FUNERAL DIRECTOR: Al director, page 3 shauld I shauld be filed with the S	23a.	8 JRIAL, CREMATION, 23b	DATE 23c. NAME	OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)	
		REMOVAL (Specify)	139 1968 Ft	LINCOLN CEMETER	BLHDENSBUR	6. m.D.	
VR A15 (4)	24	FUNERAL DIRECTOR	ADDI	PESS 2Sa. REC 6	BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE	
30M REV 1/68	1 2	V. W. Chambe	erd for 1400	Chapter ST, N. W. DATE FL	013115 "	1 6	

I s

- -. , .





MARYLAND STATE DEPARTMENT OF HEALTH Item#6Film#G397 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 32929 DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR (Type or print) OLYYA 3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF LINDER I YEAR IF UNDER 24 HRS. 24 hours after lost highday) ZHTHOM DAYS HOORS Caucasian Oct 2, 1871 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED MEVER MARRIED Montgomer U.5 WIDOWED 🔀 DIVORCED [7] irannia 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR PHYSICIAN: The law requires that the death certificate be executed within during most of working ife, even if retired.) give street address) INDUSTRY Home the attending physician and completely sit permit. Then please remave carban Bethesda and in any event. 130 LSUAL SIDENCE (Where deceased lived, it institution or side the before 130 ETTY OF TOWN odmission) STATE 1 13b. COUNTY 13e STREET AND NUMBER NO. 3661 Morrison St., N. W. Washington 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First M ddle B. Patterson Sarah T. Robert Spencer 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b, SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) #13 above Jean Evelyn Watson (daughter) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 5 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove a burial-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the t f Health priar ta b Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO 🔲 YES 🗌 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY or contributing cause of DEATH (If either, notify medical examiner) HOUR A.M. Month Doy Year P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town Stote County While Not while at work , and that in (my) (own) apinian death accurred an the date and have and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22h SIGNATURE 22c DATE SIGNED ATTENDING _MED: DIRECTOR (/) DEGREE director, page 3 shauld be filed v 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMAT ON 23h, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Burial (Specify) 2/9/68 Cedar Hill Cemetery Suitland. Maryland 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR. 25b. REGISTRAR S SIGNATURE VR A15 (4) Joseph Gawler's Sons, Inc., Washington, D. Couff EB 30M REV, 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death, 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH b. countyMontgomery a. STATEMarvland Montgomery MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b hours Bethesda Years Bethesda e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Granby Street 6901 Granby Street No X YES executed within completely/ DATE Month Day Year carbon 3. NAME OF DECEASED Middle Last First WILSON WEBSTER FEB. 24. LORA 68 DEATH 19 event. (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Deys | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH remove 7. MARRIED NEVER MARRIED any and Female Cauc. Oct. 6, 1868 99 WIDOWED & DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) and in physician death certificate be U. S. Indiana Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal, attending F Rosanna M Gordon Archibald H. Wilson 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) Address 16. SOCIAL SECURITY NO. 17. INFORMANT ed by the attenctransit permit. Daug. (Yes, no, or unkown) Item 2. Same as Rosanna Graham No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Wer this certificate has been signed by the be detached for use as the burial-transit State Dept, of Health prior to burial, cremai ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) WASCULAR the hospital or attending physician. DUE TO THEROSCLEROSIS Conditions, if any, which gave rise to immediate DUE TO (a), stating ENERAL underlying cause last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 🔀 YES T 202. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) MEDICAL 20d, INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year Hour a.m. While Not While be retained by TO HOSPITAL OR AND Page 4 may be retained by TO FUNERAL DIRECTOR: After director, page 3 should be structor, page 3 should be structured by the Structure of th 19 at work at work 1966 to FiB 24 1968 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from VAN 1968, and that death occurred a 7:50 PM, from the causes and on the date stated above. saw the deceased alive on VAN 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS PHYS. M.D. 22d. ADDRESS PHYSICIAN'S NAME (Type) 5009 22c. ROBERT G. ANGLE Bethesda. Maryland 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23b, DATE THEREOF BURIAL, CREMATION, REMOVAL (Specify) Rose Hill Cemetery Bloomington. Indiana 2-28-68 Burial
24. FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 196B PUMPHREY. Bethesda. Maryland VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH 02945 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 3293 g . DECEASED NAME Middle Lost First 2a. DATE OF DEATH 26. HOUR death. Gebruary and (Type or print) Richard A. Weppner 3 SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6 AGE (In years IF UNDER 24 HRS. signed by the attending physician and completely filled in by the hinal-transit permit. Then please remave carbon papers. Pages last biothday) HOURS Canco Male July 30, 1904 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH requires that the death certificate be executed within 24 hour g physician. 8 MARRIED M NEVER MARRIED country)Ohio U.S.A. Montgomery WIDOWED [DIVORCED [126 KIND O BUSINESS OF INDUSTRY OF POPULATION 10 CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done give street address dering most of working life, even if retired) Thayer Avenue 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 130 STREET AND NUMBER
515 Shayer Avenue 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? odmission) STATE Mary Land 13b. COUNTY ontgomery Silver Spring ES 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Middle Hilde Robert Albert Weppner 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Silver Spring. Md. Yes, na. or unknown) remayal. Mrs. Florence Weppner 282-05-1230 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CUTE MYOCANDIAL INFARCTION ACUTE Ь ALMOST Conditions, if any, which gave a MKONARY nse to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse DISEPTS E RIGSCLERUTIC PART 2_OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? NO P YES [O FUNERAL DIRECTOR: After this certificate Page 4 may be retained by the haspital or 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Þ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year ₽ (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from... 2/10_19 6 and that in (my) (our) apinion death occurred an the date and hour and from the saw the deceased alive on.... causes stoted abave, (1) (we) (did) (did nat) view the body ofter deoth. 22b. SIGNATURE 22c. DATE/SIGNED ATTENDING Kinnluce director, page 3 DIRECTOR 22d, 'PHYSICIAN'S 22e. ADDRESS NAME (Type) Lawrence D. Marcus 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION (County) DEMOVAL (Specify) Gate of Heaven Cemetery 250 REC'D BY REGISTRAR
DATE FEB 1.5 2315 Thomas 8434 Georgia Avenue VR A15 (4) 30M REV. 1768 Inc. Silver Spring. Md.





1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH
COUNTY Montgomery 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

o STATE Marriand b. COUNTY Montgomerry Maryland Montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Woodacres vears Woodacres

5	or institution 1909 Welbo	orn Drive		s)		5909		orn	Drive		1		PARM?
	NAME OF DECEASED (Type or print)	LILIAN	A. B.	J. WHI	TMA	N lest		4. DATE OF DEATH	Feb	18	Day		Yeor 68
S.	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED] B. D	ATE OF BIRTH			9 AGE (In years	IF UNDER 1	~	IF UND	
<u> </u>	Female	Cauc.	WIDOWED _	DIVORCED [Ju	1ly 6.	1890	6	71 yrs.	Months [Doys	Hours	Min
100	USUAL OCCUPATIO	N (Give kind of work on life, even if retired)	done 10b. KIND	OF BUSINESS OR IN	DUSTRY	11. BIRTHPL	ACE (State o	r foreign (country)				COUNTRY?
	Housewife		<u></u>			Chi	na			Gre	at	Bri	tain
13.	FATHER'S NAME				1	4. MOTHER'S							
	Henry I	B. Joly				Li	W:	ilki	ns				
1\$. (Ye	WAS DECEASED EVER	IN U. S. ARMED FOR t yes, give war or dates of s	ervice)	22-0472	-	RMANT Hu	şban itma	d n	Addi Same as		2.	•	
Г	18 CAUSE OF DEAT	TH [Enter only one co	use per line for	(o), (b), ond (c)]		4						RVAL BE	
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o		coun	· -	done	7				01431	H AND	DEATH
	151,	DUE TO				Đ	-		D				
	Canditions, if on		Cor	cenoma	- 9	the	Sto	m	ch				
	gove rise to im couse (a), stating th	h blic to			2"								
	lying couse lost.)								<u> </u>		
CATION	/ 5 / X	ER SIGNIFICANT CON	DITIONS CONTR	BUTING TO DEATH	BUT NO	T RELATED TO	THE TERMIN	AL DISEAS	SE CONDITION GIVE	EN IN PART	1(0) 19	PERFO	RMED?
CERTIFI	200 ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	UNDERLYING DATH	20b. DESCRIBE	HOW INJURY OCCU	RRED (E	inter nature of	injury in Po	ort I or Po	rt It of item 1B)				
MEDICAL	20c. TIME OF INJURY Hour a.m.	Month, Day, Yes	While h	OCCURRED 20e	PLACE	OF INJURY (F , street, office	lome, form, bldg., etc.)	20f. (Cit	y or lown)	(Co	ounly)		(Stole)
		at I attended the		1/-		10/08	to S	new	18 , 1968	that I I		u Aba	decessor
ļ.	alive on	4 1 . 11	19 68	71	ath ac	curred at	1:500	St. Con	m the causes a	JINOT I IC	321 20	w the	deceased
L	dive di	10 (A A	uiii uc	.correa ut_			ill tille Causes a Street, city or lawn,		e aus		ea above. Ate signed
	ACTUAL SIGNATURE	tokn }	(4)	rely	M D	1234	-19	8010	IW WAS	HACZ	0036	0 2	2/12/6
		- //		_	M.D.								
L	PHYSICIAN'S NAME (Type)	JOHN J	. LYNCI	i									
220	PERIONAL (SPECIFY)	, 226. DATE THEREC		NAME OF CEMETER					TION (City, Jawn, o			(Stote	•)
-	<u>lremation</u>			edar Hil	F G				tland,				***************************************
23.	FUNERAL DIRECTOR'S	PUMPHRE	Y, Beti	nesda, M	ary	Land I	240. REC'D		40.00	trar's sign		uda	L
											-		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1 DECEASED NAME Middle 20 DATE OF DEATH First Last (Type or print) February Frederick C. WIESNER 6. AGE (In years last birthday) 3. SEX 4 RACE S DATE OF BIRTH IF UNDER 1 YEAR IS HIMDED 24 HPS signed by the attending physicion ond completely filled in by the buriol-transit permit. Then please remove carbon popers. Pages burial, cremation, or removol, ond in any event, within 72 hours aft 22 June 1896 Male Caucasian 24 Mours 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED 151 NEVER MARRIED 171 cauntry) USA Montgomery WIDOWED [DIVORCED Germanv 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the deoth certificate be executed within Naval Hospital during most of working life even if retired.) Bethesda 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before, 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY YES NO Arlingto Adams North 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME First First Middle Joseph Wiesner Mary Rust 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT St. Arlington Va. Yes, na, or unknown) Nadine Wiesner 2030 Mrg 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN DISEY AND DEATH PART I. DEATH WAS CAUSED BY: PULMONARY EMPHYSEMA IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove a rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **S FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filled with the State Dept. of Health prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. Month Day Year P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Nat while of work 22a. I certify that (IX (this haspital) attended the deceased from 23 Feb., 19.68, to 24 Feb. 19.68, that (IX (we) last saw the deceased alive an 24 Feb. 19.68 and that in (IX (XV) approximately approximately 19.68 and 19.68 and 19.68 and 19.68 are saw the deceased alive an 24 Feb. 19.68 and 19.68 are saw the deceased alive an 24 Feb. causes stated above, (a) (we) (did) (did not) view the bady after death. 226. SIGNATURE 22c. DATE SIGNED MED.
DIRECTOR DEGREE PHYSICIAN'S 22e. ADDRESS C.S. REEVES LT MC Naval Hospital, Bethesda 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE 23g. BURIAL CREMATION. (County) 2/28/68 REMOVAL (Specify) Arlington, National Arlington, Va. GISTRAR'S SIGNIATED CO 2So. REC'D BY REGISTRAR Jos. Gawler & Sons VR A15 (4) 30M REV, 1/68 Wisconsin Ave. N.W.

· · , . . . , of •



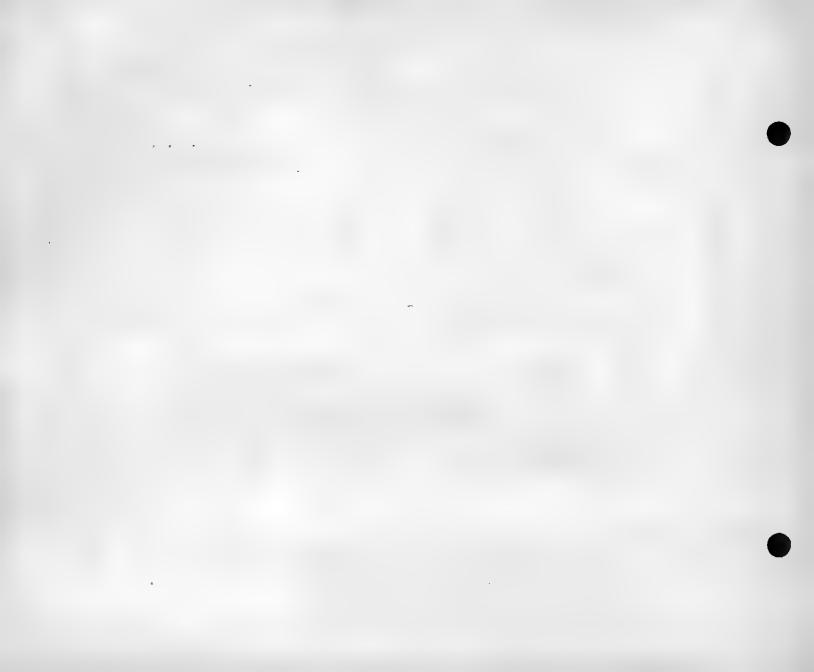
02910

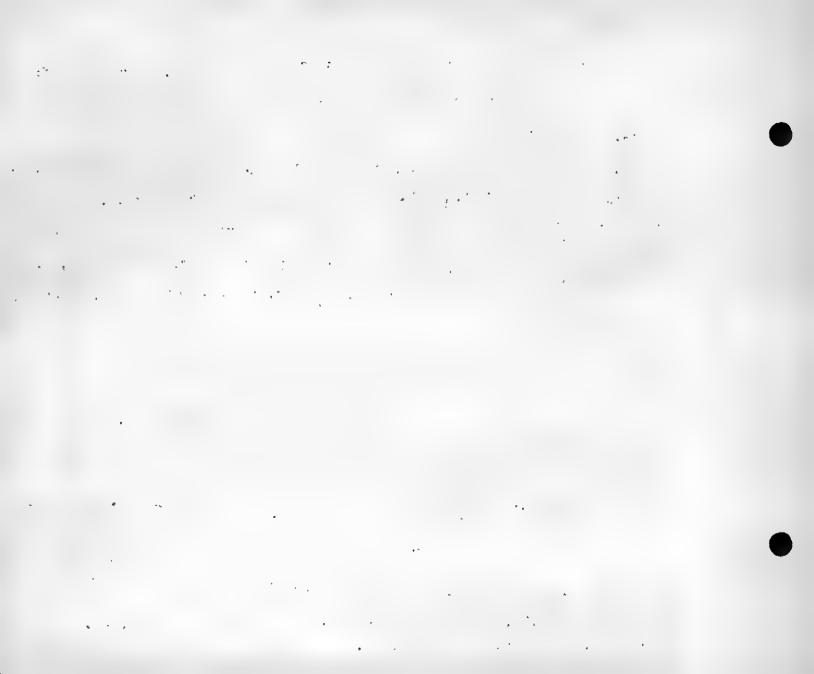
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0935

CERTIFICATE OF DEATH

to the second	1 PEACE OF DEATH a. COUNTY	2 USUAL RESIDENCE (Where deceosed lived, if institution, Residence before odmission)
in 15-15-4 3	Montgomery MARYLAND	o. STATE D.C. b. COUNTY
the ages after a saft	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wheaton 82 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
hoors Page 7		
Poppers	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d STREET ADDRESS e S RESIDENCE ON A FARM? VEC TO NO FOR THE PROPERTY OF T
事の重い	University Nursing Home	
ond completely filted remove carbon popision on event, within?	3. NAME OF First Middle DECEASED Lona ann	Williams OF February 7 19 68
ompl we o		B DATE OF BIRTH 9 AGE (n years FUNDER 1 YEAR FUNDER 24 HRS
ony ony		3/30/1003 82 yrs 2 21
ician ond complete fease remove carl and in ony event.	100 USUAL OCCUPATION (Give kind of work done during most of working the even if retired) 10b KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & State or foreign country) Elm, North Carolina 12 CH ZEN OF WHAT COUNTRY? U.S.A.
ifica ifica id, o	13. FATHER S NAME	14 MOTHER'S MAIDEN NAME
Cert Ther Mov	Jack Byrd	Ann ?
equires that the death certificate by pnysicion. signed by the offending physician burial-tronsit permit. Then please burial, cremation, or remoyal, and	S WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16 SOCIAL SECURITY NO 17 II 10 578-03-4622	NFORMANT Address
the o artious artious	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c)) PART I DEATH WAS CAUSED BY JMMEDIATE CAUSE (o) PRECEDENCE JMMEDIATE CAUSE (o)	NTERVAL BETWEEN ONSET AND DEATH
that n. onsi		Jaary'
sacio sacio al-tr	Conditions, if ony, which gave) DUE TO COD OF A P C	rteriosceross /y
pany pany sign buri		the received 1 mg
The law requires the attending pnysicion. hos been signed by se as the burial-troin prior ta burial, cre	lost. (c) Cerebral Carper	y Throm boses
IAN: The law re tool or attending ficote has been for use as the fixed the fixed the fixed tool or	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 9 WAS AUTOPSY PERFORMED? YES NO
PHYSICIAN: The law river in the properties of th	206 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRED (OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter notice of injury in Port I or Port I of tem 18)
the name of the part of the pa		CE OF NURY (home, form 20f (City or town) (County) (State) ory, street, office bidg., etc.)
renbinance by Rr. After wild be the State of	21 I certify that (1) (this haspital) attended the deceased fram	, 19, ta, 19, that (I) (we) last death accurred atM, from causes and an the gate stated above.
ITAL OR ATTENE moy be retained RAL DIRECTOR: A page 3 should be filed with the	220. SIGNATURE AL LENKER MD	ATTENDING MED STAFF 225-DAIL'S GIVED
	22c. Physician's NAME (Type) Dr. Myron L. Lenkin	22d ADDRÉSS 2903 Shorefield Pl.
O HOSPITAL Poge 4 moy O FUNERAL director, pag should be f.	230 BURIAL (REMATION, 231 DATE THEREOF PARTIES OF CEMETERY OF REMOVAL (Specify) Feb. 11.1968 F. C. C.	REMATORY— 23d (LOCAT ON (City or Town) (County) (State)
VR A15 (4) 25M 1/67	24. FUNERAL DIRECTOR, ADDRESS H 5. Washingto & Sen 24 9 25 Deans (4	250 LECO BY REGISTRAR 19 256 REGISTRAR'S SIGNATURE DATE FEB 13 19 256





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02331 CERTIFICATE OF DEATH 2b. HOUR a DECEASED NAME First Middle 2a. DATE OF DEATH Last The law requires that the death certificate be executed within 24 haurs after death. (Type or print) MARGARET STEWART WILLSON 3. SEX 4. RACE 5. DATE OF BIRTH IF LINDER 1 YEAR 6. AGE (In years 5/21/86 Female White 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED (ountry) New York TISA WIDOWEBLE DIVORCED [Montgomerv lled 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY Olney burial, cremation, ar removal, and in any event, wi Montgomery Gen'l 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 138 INSIDE CITY EMITS? 13e STREET AND NUMBER 13b COUNTY 11710 Carrollton Road Rocksrill? 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Middle Lost Robert S. Stewart Jane Moran 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) iontgomery General Olney, Maryland 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave: rise ta immediate cause (a), DUE TO, OR AS stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) filed with the State Dept, af Health priar to O FUNERAL DIRECTOR: After this certificate has been CONSIDERED IN CERTIFYING OPENSOR OF THE PROPERTY OF THE 20o AUTOPSY? 20b IF YES, WERE FINDINGS CAUSES OF DEATH? YES -NO 🗔 TO HOSPITAL OR ATTENDING PHYSICIAN: 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D No 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while Page 4 may be retained by 22b. SIGNATURE 22c DATE SIGNED ATTENDING DIRECTOR director, page should be filed PHYS 22d. PHYSICIAN'S 22e. ADDRESS Diney NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23b. DATE (County) (State) 2-15-68 St.Raymond Cemetery 24 FUNERAL DIRECTOR VR A15 (4) PUMPHREY, Bethesda, Maryland 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH CE 3 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH	.35 B A
HEALTH DEPT. 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Do	Yeor 2b HOJR
(IVDe of Print) OF ESTI TO 177	68 , 11:3 5 R
3 SEX 4 RACE S DATE OF RIRTH 6 AGE 19 MODE 1 YEAR 1F UNDER 24 HRS 32 DATE PRONOUNCED DEAD	2d HOUR
> 1 Children Will be 10/23/10/5 92 3	Yeor 68 11:35
70 BIRTHPLACE (State or foreign 70. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
Sweden this usa who will montgomery	Mc
Sweden Montgomery Montgomer	KIND OF BUSINESS OR USTRY
Olney Street Hosp H	
130 USUAL RES DENCE (Where deceosed lived, if institut on Residence before 13c CITY OR TOWN odmiss on) STATE Maryland 13b COUNTY Pr. George Seabrook YES NO 9787 Telegraph R	oad
14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Carl Anderson Frederika Nyman	1031
160 WAS DECEASED EVER IN U.S. ARMED FORCES? [Yes, no, or unknown] (If yes give war or dates of second) [Yes, no, or unknown] (If yes give war or dates of second)	
(Yes, no, or unknown) (II yes give wor or dotes of service) records: Montgomery General Hospi	tal
IB. CAUSE OF DEATH (Enter only one couse per line for to (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave (b) Conditions, if any, which gave (c)	APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH
1B. CAUSE OF DEATH (Enter only one couse per line for (d) (b), and (c) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) UNITED OR AS A CONSEDIENCE OF	arrived visas and district
DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if any, which gave itse to immediate couse (a), (b)	
Conditions, if any, which gave rise to immediate cause (a), storing the underlying cause last. Conditions, if any, which gave rise to immediate cause (a), storing the underlying cause last. (c)	
lost.) (c)	
10 City or Town of Death 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work done during most of working life, even if rebred.) 130 USUAL RESIDENCE (Where deceosed lived, if institut on Residence Defore 13c City or Town 130 USUAL RESIDENCE (Where deceosed lived, if institut on Residence Defore 13c City or Town 130 USUAL RESIDENCE (Where deceosed lived, if institut on Residence Defore 13c City or Town 130 USUAL RESIDENCE (Where deceosed lived, if institut on Residence Defore 13c City or Town 132 USUAL RESIDENCE (Where deceosed lived, if institut on Residence Defore 13c City or Town 133 USUAL RESIDENCE (Where deceosed lived, if institut on Residence Defore 13c City or Town 134 FATHER'S NAME First 155 MOIL 9787 Telegraph R 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 161 Median Local Security NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 161 Median Local Security NO. 161 Median Local Security NO. 162 Mospital City Mospital Name 163 Mospital City Mospital Name 164 FATHER'S NAME First 165 Most Deceased Invention Income I	
190. DAJE OF OPERATION 3 1968 196. CONDITION FOR WHICH POPERATION WAS PERFORMED? Tracture, left hip	ZO. AUTOPSY?
190. DAJE OF OPERATION 3 1968 196. CONDITION FOR WHICH POPERATION OF A PORT 2 ITEM 190. EXTERNAL CAUSE WAS 21b. T.ME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter porting of injury in Part for Part 2 Item)	YES NO.
210. EXTERNAL CAUSE WAS 210. EXTERNAL CAUSE WAS PRIMARY OCCURRED (Enter notice of injury in Part for Port 2, Item CAUSE OF DEATH 21d INJURY OCCURRED 21e PRACE OF IN.URY (At home, form, street, // 21f, LOCATION Street or R.F.D.Mo., City or Town	
216. EXTERNAL CAUSE WAS / 216 T.ME OF INJURY Month, Doy, Year 21c. How injury occurred (Enter notice of injury in Part for Port 2, Item PRIMARY OCCURRED (Enter notice of injury in Part for Port 2, Item Australia (AUSE OF DEATH) 2 - 2 19 68 Cattering February Occurred injury occurred injury occurred injury in Part for Port 2, Item Australia (AUSE OF DEATH) 2 - 2 19 68 Cattering February Occurred injury occurred injury occurred injury in Part for Port 2, Item Australia (AUSE OF DEATH) 2 - 2 19 68 Cattering February Occurred injury in Part for Port 2, Item Australia (AUSE OF DEATH) 2 - 2 19 68 Cattering February Occurred injury in Part for Port 2, Item Australia (AUSE OF DEATH) 2 - 2 19 68 Cattering February Occurred injury in Part for Port 2, Item Australia (AUSE OF DEATH) 2 - 2 19 68 Cattering February Occurred injury in Part for Port 2, Item Australia (AUSE OF DEATH) 2 - 2 19 68 Cattering February Occurred injury in Part for Port 2, Item Australia (AUSE OF DEATH) 2 - 2 19 68 Cattering February Occurred injury in Part for Port 2, Item Australia (AUSE OF DEATH) 2 - 2 19 68 Cattering February Occurred injury in Part for Port 2, Item Australia (AUSE OF DEATH) 2 - 2 19 68 Cattering February Occurred injury in Part for Port 2, Item Australia (AUSE OF DEATH) 2 - 2 19 68 Cattering February Occurred injury	Home
PRIMARY TOK CONTRIBUTING A DECEMBER 2-2 19 68 Value of Fell in Nursing CAUSE OF DEATH A S	ounty State
Action of Section 1 took charge of the remains described above, held an Autopsy . Inspection 2, Inquiry . deoth resulted from? Natural causes 1 Action 5 Suicide Homicide Undetermined manner	ty. Md.
220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry death resulted from Natural causes Acident Suicide Homicide Undetermined manner	and in my opinion
220. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry, death resulted from	
deoth resulted from: Natural causes Accident Suicide , Homicide , Undetermined manner	
ACCICTANT MEDICAL EVANIMED 1 220 DATE SIG	\$ 1010
SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE EXAMINER'S NAME (Type) Beldon R. Reap, M.D. SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER SIGNATURE LOCATION (The or Laws) AND DEPUTY MEDICAL EXAMINER STOCKED TO S	7.700
EXAMINER'S NAME (Type) Belden R. Reap, M.D. DEPLTY MEDICAL EXAMINER LEADING Signature EXAMINER'S NAME (Type) Belden R. Reap, M.D. DEPLTY MEDICAL EXAMINER LEADING Signature EXAMINER'S NAME (Type) 236 BURIAL, CREMATION, 236 DATE 236 BURIAL, CREMATION, 236 DATE 237 NAME OF CEMETERY OR CREMATORY 238 LOCATION (City or Town) (Control of Control	ry County Inty) (Stote)
REMOVAL (Specify) removal (2/8/1968 Old Swedish Cemetery Worcester, Mass.	(3)0(6)
VR ALSME (5) 24. UNSAGE DEFINITION OF THE PROPERTY OF THE PRO	ATURE



5 . 1 1.

	an a	MARYLAND STATE DEPARTMENT OF HEALTH
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
*	l	CERTIFICATE OF DEATH
l'in	1.0	ECFASED NAME / First Middle / Lost/ 20. DATE OF DEATH / 2b. HOUR
# # # # # # # # # # # # # # # # # # #		Type or print) W Month Doy Year 2 PM
8 6 9		T. 00 C/T - 00 20 1918 3. W
ter ter	3. 5	1 14: 1 See 1 Call Della Control Color Waller Land
the the age so as a so	1	Len White ask May 23, 1890 lost birthdoy) YRS MOURS MIN.
haurs after death in by the funeral. Pages 1 and Phaurs after death		BIRTHPLACE State or foreign 76 CITIZEN OF WHAP COUNTRY? 8 MARRIED NEVER BARRIED 9 COUNTY OF DEATH
T OF	you	MOWED DIVORCED Marilgoning Md
Page 1	10,	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital) 120. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR
£ \	1/6	enging land Mcl. gutstreet oddressty Gadens Hunning during nost of working lite even if retired) INDUSTRY Home
ad olet	130	USJAR RESIDENCE (Where deceosed lived, if institution Residence before) 13c CITY OR TOWN 13d MASIDE CITY LIM 157 13e STREET AND NUMBER 113b COUNTY
e executed with and campletely remave carbo	0011	135 COUNTY Tak Pack YES IN NO 7014 Sycamore article
d c b	14.	FATHER'S NAME First Middle Lost IS MOTHER'S MA DEN NAME First Middle D Lost
be experient and in an	П	Mither adams Elizabeth Scully
cian cian and	Ióo	WAS DECEASED EVER IN U.S. ARMED FORCES? Ves, no follows the wind of dates of service) 16b SOCIAL SECURITY NO 17. INFORMANTA CONTRACTOR OF SERVICE) 1572-48-6932 Man Danuel C. Shale 7012 Easting and New York
ertificate b physician ien please aval, and i	П	(es, nof Justhown) 19 yes give war or dates of service) 577-48-6932 Mrs. Danul C. Style 7012 Eastern and NU
nav	F	APPROXIMATE INTERVAL
e death ce attending p permit. The	1	PART 1 DEATH WAS CALSED BY
dea ten mil	1	IMMEDIATE CAUSE (o) COCO DE L'INDICATE CAUSE (o)
pel pel	1	DUE TO, OR AS A CONSEQUENCE OF
the the matrice	1	conditions, if any, which gove nse to immediate couse (a). (b) The arteurs ilusions of the pentines or
trar frar crei		storing the underlying cause DUE TO, OR AS + CONSEQUENCE OF
equires the physicion. signed by burial-tran	1	lost. (c) And Action of openal land 3415
equire physii signec burial	1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
w re ding een the ir to	l _z	7.
he law re attending has been se as the h priar to	ATIO	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The law reatending oftending has been se as the h priar to	CERTIFICATION	YES NO CAUSES OF DEATH
At The ar at at the house salth		210 ACCIDENT WAS UNDERFTING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18)
The figure of the first of the	₫	TOR CONTRIBUTING THEADSE OF GRAPH HOUR A.M. Month Doy Teor
PHYSICIAN: hospital ar is certificate far u dept af Healt	MEDICAL	
PHYSICIAN e haspital is certifica ris certifica bept af He		While Not while OFFICE BUILDING FTC.
5		UTWOIK SHOULK
be State	1	220. I certify that (I) (this haspital) attended the deceased from \$1 \\ \frac{1}{2} \\ \frac{1}{2} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
R. Jed	1	couses stated above, (I) (we) (and not) view the body after death.
ATTENDIN etained by CTOR: Afte shauld be	1	226 SIGNATURE 22c DATE (GNED /
TO HOSPITAL OR ATTENDING PH Page 4 may be retained by the h TO FUNERAL DIRECTOR: After this director, page 3 shauld be detag should be filed with the State Dep	П	Choward 1 Transe Horeste PHYS. ATTENDING MED DIRECTOR DIR
L D AL	1	22d PHYS CIAN'S (22e ADDRESD)
10 HOSPITAL Page 4 may O FUNERAL I director, pag shauld be fill	П	NAME (Type) Howard / Morse of or DO30 Carriel Cive lationa Vanh Juch
Je 4 UNI	230	BURIAL, CREMATION, 23b. DATE 23pp NAME OF CEMETERY OF CREMATORY 23d LOCATION (City or Town) (Store)
Page Page Share		BURIAL CREMATION, 23b DATE 23d NAME OF CEMETERY OF CREMATORY 23d LOCATION (City or Town) (Store) REMOVAL (Specify) Till. 23, 1968 Szarge Kushusilen Cemelles, allelphi R. Sele Co Rel
, – – X	24.	FUNERAL DIRECTOR 250 REGISTRAR \$ SIGNATURE
VR A15 (4)	18	wither Matter, 254 Carrell at Nis - LOC DATE B 2 3 1968 Villaries June
	III Y	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1



2	MARYLAND STATE DEPARTMENT OF HEALTH					
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
18000	CERTIFICATE OF DEATH					
# 15 EX	DECEASED NAME First Middle Last 2a. DATE OF DEATH	2b HOUR				
offer leads he fundral ages fundral after death	(Type or print) WILLIAM W. WOODSIDE Feb. 25. 1968	Year 1:30PM				
± ₹ 5 ×	3. SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years if under	R 1 YEAR JE JNOER 24 HRS.				
	Apr. 9, 18/5 92 YRS.	UNIS HOURS MIN.				
	7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH					
be executed within 24 ho and completely filled in semove carban papers in any event, within 72 h	Penna. U. S. WIDOWED Y DAVORCED MONTEGOMERY	Md.				
這 豐 點 之	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b.)	KIND OF BUSINESS OR JSTRY				
S with	Bethesda 9706 Parkwood Drive Retired	DIK!				
ed car						
e e e e	130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) STATE 136. COUNTY Maryland 136. COUNTY Montgomery Bethesdan 1875 188 NO 9706 Parkwood	Drive				
S P E C	14. PATHER'S NAME FIRST MIDDLE LOST IS MOTHER'S MAIDEN NAME FIRST MIDDLE	Last				
be direction	Thomas Woodside Alice Turner					
ician step	16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, an ar unknown) (1 yes give wor or dates of service) 193-07-7905 Gilbert Woodside Same as Ite	17				
physician or please nen please non please	Yes, ac, ar unknown) (If yes gove wor or dailes of service) 193-07-7905 Gilbert Woodside Same as Ite					
8 5 8	18. CAUSE OF DEATH (Enter only one couse persone for (a), (b), and (c)) PART I DEATH WAS CAUSED BY.	APPROXIMATE INVERVAL BETWEEN CINSET AND CEATH				
eath and a second	PART! DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) COUNTY COU	MINUTES				
and de d	24 1 U 7 DUE TO, OR/AS A CONSEQUENCE OF	7				
t aria o	Conditions, if any, which gave inse to immediate cause (a). (b) Character (b) Character (b) Character (c) (c) (b) Character (c)	5				
than than than the crement of the cr	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF					
Signature 12	(c)					
The law requires that the death certific attending physician. has been signed by the attending physise as the burial-transit permit then phy hyriar to burial, crematian, or rehoval.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)					
e law retending as been as the priar to	5 Y /					
The law rateding attending has been se as the h priar to	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDER	ED IN CERTIFYING				
	I AEZ NO VI					
AN: The state of t	21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
可能指記する	[if either, nanty medical examiner) P.M. 19					
JING PHYSI by the hasp free this cer free this cer State Dept.		State				
一 記事事事の	et work at work	P.				
A State of the sta	22a. I certify that (I) (the hospital) attended the deceased from ond that in (my) (our) opinion death accurred on the date and	that (I) (we) last				
Pe Pe Pe	saw the deceased olive an 19 ond that in (my) (our) opinion death accurred on the date and couses stated above, (1) (we) (did) (did not) view the body offer death.	hour ond from the				
Fig 1.8 E	22h SIGNETURE	NZD //				
SPITAL OR ATTENDING PHYSICIAN: 14 may be retained by the haspital ar IERAL DIRECTOR: After this certificate ar, page 8 should be detached far us do be filled with the State Dept. af Health	MED. STAFF DIRECTOR PHYS.	6/60				
	22d PHYSICIANIS (17/40 Charms Charde 1)	m ve				
FR BE	MAME (Nob) GRORGE GRAY () Chevy Chase, Maryl					
TO HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the haspital to FUNERAL DIRECTOR: After this certifical theretar, page 8 should be defacted far should be filled with the State Dept. of Here						
	REMOVAL (Sperity)	ance-				
TO VENT	24 FEUNÉRAL DIRÉCTOR / 250 MEGISTRAR / 256 MEGISTRAR S SIGNATU	IDE .				
30M NEW 1768	Latert & Sumpkrey, Bethe do of Janfare DAMAR 4 1968 Schanles	Judge				
AV						



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Eirst M. ddte 2b HOURP and 2 death. Last 20. DATE OF DEATH after death. (Type or print) WORF Cynthia Jean February 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last purchday) Jan. 16, 1928 Caucasian Female hours 70 BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) burial-transit permit. Then please remave carban papeks burial, crematian, ar remaval, and in any event, within 72 h Wyoming USA WIDOWED [7] DIVORCED [7 Montgomery 24 completely filled 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR requires that the d∎sth certificate b executed within 9 give street oddress)
Naval Hospital during most of working tile, even it retired.) INDUSTRY Secretary/Consular Assist. Bethesda Govt. 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Sheridan odmission) STATE Wyoming YES 🛖 NO . 535 Airport Road Sheridan 14. FATHER'S NAME and First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost Gladys Russell A. Worf Olsen attending physician permit. Then please Sheridan Address Wyoming 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, negor unknown) (If yes give war or dates of service) 520 26 9889 Mr. Russell A. Worf 535 Airport Road APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) BETWEEN ONSET AND GEATH PART 1. DEATH WAS CAUSED BY. Rupture aneurysm of the right middle cerebral IMMEDIATE CAUSE (o) artery DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove rise to immediate couse (o). Page 4 may be retained by the haspital ar attending pysician. DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the priar to b 19b. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? Yes YES X NO 🗌 **TO FUNERAL DIRECTOR:** After this certificate hadirector, page 3 shauld be detached for use should be filed with the State Dept. of Health p 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town Stote County While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from Feb. 9 , 19 68 , to Feb. 12 , 19 68 , that (1) (we) last saw the deceased alive an Feb. 12 19 68 , and that in (90) (aur) apinion death accurred on the date and hour and from the couses stoted above. (t) (we) (did) (didast view the body after death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** MED DIRECTOR STAFF PHYS. 13 Feb. 1968 DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) B. L. RISH, M. Naval Hospital, Bethesda, Maryland 23d. LOCATION (City or Town) (County)
Buffalo, Wyoming 23o. BURIAL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (Stote) Willow Grove. THY VANS BUTY) 2-17-68 250. REC'D BY REGISTRAR 196856. REGISTRARS SIGNATUR Wisconsin Ave., Betheada, Maryland 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68



1 1		MARYLAND STATE DEPARTMENT OF HEALTH	
4	- [DE055 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	× 0 /
FOR STATE		MEDICAL EXAMINER 3 CERTIFICATE OF DEATH	02840
HEALTH DEPT		DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy OF ESTI-	y Yeor 2b HOJR
Se de la se	1	Tharia Cheahots Wright DEATH MATED 7 26 2	2 1967 / AM
Pa Pa	3. S		2d HOUR
2, and 3 to 70.00 md. Page		7 Teaps 1/13/3 2 36 YRS. MONTHS CAYS HOURS MAN Month Day	Year 19 M
	7a.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
Dep Jan	€0UF	ntry) maurent 15A WIDOWED DIVORCED Mortesmens	Md
nth nge: h se	10 (KIND OF BUSINESS OR
haurs after death tem 18. Give Pages Office along with fat and 2 with the State after death.		Betherda give street address Seiferson for during most of warking life even if retired.) IND	USTRY OF Eds
Giv Giv Th t	130	USUAL RES DENCE (Where deceosed lived, f institut on Residence before 13c. CITY OR TOWN 3d. INSIGE CITY I MITS? 13e. STREET AND NUMBER	
haurs after Item 18. Giv Office alang I and 2 with	0	odmission) STATE And 136 COUNTY mont Sycheson YES NO 10 R.F.D. III	
24 haurs a' in Item 18. r's Office al ss 1 and 2 wi	14. f	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
th the solid		Tougman Jasephene	
hin 24 ncl in niner's pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 MFORMANT ADDRESS SOCIAL SECURITY NO.	e as afra
vithi omi omi	{) ²	Ves, non-genknawn) (If yes give war or dates of service) / Levelond William Wright	
d with per le Exart File In 72		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
xecuted nding" ir Medical I permit.		PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Cerebral hemorrhage	12 km.
Med Med per		4/3.0 DUE TO, OR AS A CONSEQUENCE OF	
per l'per l'act i		[Conditions, if ony, which gove] hymowtheneitre conditions, and disease	
S ta Charles		nse to immediate cause (a), (storing the underlying cause (b) DUE 10, OR AS A CONSEQUENCE OF	-
shauld be e ne ward 'per ia the Chief I burial-transit I in any ever		lost.	
te slate sla		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
This certificate should be executed within 24 hours after death icate, writing the ward "pending" in pencil in Item 18. Give Pages 1, be farwarded to the Chief Medical Examiner's Office along with form de used as a burial-transit permit. File pages land 2 with the State Dear remayal, and in any event within 72 hours after death.		144	
certif arwar used maval	I OF	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	2D AUTOPSY?
his cate, very far far far be us	CERTIFICATION	WAS PERFORMED?	YES NO
d be	ER	216 EXTERNAL CAUSE WAS 216 T ME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item I	
MINER: Th.s the certificate, 4 should be four files. e 3 shauld be a smarting.	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P M 19	
INER: e cerl shoul files. 3 shan	eg W	21d IN. JRY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. Na. City or Town C	County State
lease execute the certificate for your files. DIRECTOR: Page 3 should stained for your files. DIRECTOR: Page 3 should to burial, cremation,		WHILE NOT WHILE foctory, office building, etc.)	
NL EXA xecute Page for yau OR: Pag		220. I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [X], Inquiry [X],	and in my opinion
ICAL E		death resulted from. Natural couses X. Accident C. Suicide C. Homicide C. Undetermined monner	l and in my opinion
please e I director retained L DIRECT		CHIEF MEDICAL EXAMINER	
y, please retain tal DIRE		ACTUAL O. L. B. B. L. C.	NED
JIY, erg be pro		SIGNATURE TO STATE TO	22,1968
D DEPUTY DICA NECESSARY, please e the funeral director S may be retained D FUNERAL DIRECT Health prior to by		NAME (Type) ADDRESS(Street, cty, town, or county)	
ro DEPUTY necessary, the funera 5 may be 70 FUNERA Health pr	230		unty) , (Stote)
F F		REMOVAL (Specify)	1 1 11
2	24	FJNERAL DIRECTOR ADDRESS 2SO REC'D BY REGISTRAR 2SO REGISTRAR'S SIGN	IATURE /
VR A15ME (5)	1	The to the track of the Date FEB 29 1968 Killian	Ja - Unemakin
10M REV 1/68	4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	



ARCU TO STATE OF THE PARTY OF T				19490
The second	15 45 40	S kolesk	an olge	N
	1600 184			Finale .
Asset Garage			74039	31
we so 577 Sts	and the same of	o him		160 Held
HER BOOKSON P.	The season	4 To range	and the same	theny
A mattered of	181	-63	addition of	dada
the state of the s	a spin of	10 TT 14 TT	ie i	14
				-11
The same of				
	-			
	- 4		tional intel	

